



# **Evaluation of MindMatters at Coombes High School**

(Fictional Name)

## **Report on a study from 2001 to 2004**

**This school was one of fifteen schools that agreed to participate in a case study as part of the evaluation of MindMatters across Australia.**

**The evaluation was conducted for the Australian Principals Associations Professional Development Council by the Hunter Institute of Mental Health**

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Hunter Institute of Mental Health

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## Summary

**Coombes High School** is located in the outer suburbs of a regional metropolitan area. The school is a relatively young one, having grown as an offshoot from an adjacent primary school as the neighbouring area grew from green fields to well established suburbs over a few short years. It comprises grades from Year 6 to Year 10, with Years 6 to 8 being considered as the 'middle school' and Years 9 and 10 as the 'high school'. There is only a small proportion of students from Indigenous, Asian or Middle-Eastern backgrounds.

The high school campus was set up by an inspirational principal who, having been the principal on the primary school campus, wished to model in the new school, the best principles of the middle-schooling model. Consequently the school was, at baseline, well cognisant of the need to support the social and emotional wellbeing of the students. Further, the school had a well-established commitment to whole-school approaches to health promotion. It was perhaps for both these reasons that staff at Coombes High recognised the potential value of MindMatters.

These factors also account for the focus of this school's implementation being on curriculum. MindMatters curriculum resources on 'Bullying' and 'Resilience' were seen as being potentially very useful in the middle school, while those on 'Loss and Grief' and 'Understanding Mental Illness' were seen as being very relevant to the high school health curriculum. A formal scope and sequence for use of MindMatters from Years 7 to 10 was established in 2002.

The school's implementation was adversely affected by a number of factors including: high growth rates in the student population (and consequently in the number of teachers); high teacher turnover due to state-wide teacher rotation policies; the resignation, in 2004, of the foundation principal; and the resignation of one enthusiastic teacher to travel overseas.

While at the fourth visit late in 2004, the use of MindMatters is only ad hoc in the middle school, it is still firmly entrenched in the health curriculum for Years 9 and 10. More teachers have been sent to MindMatters professional development training in 2005 in an effort to reinvigorate its use in the middle school.

*I thought it came at a really good time for me ... some of (my students) didn't know each other's names half-way through the year, which was shocking ... When I introduced that unit they had to find out each other's names so that really brought the class together.... I think they're a lot closer now, since doing that.' Staff 2003*

*I think it's better that we get taught it (about Mental Illness) at least once so that we know to be a bit more lenient and not to be so scared of it. Like a lot of people are a bit afraid of people with mental illness. Student*

*I think it helps, it helps the coalface for teachers and actually perhaps given that... without having to recreate the wheel and it gives that very practical support for them. So it's supportive of, as I said, language and mindsets we already have, and that's where it's really valuable. You don't always have a lot of time to go and recreate things and we again try to work smarter not harder, so it's very useful having a resource that gives us that same framework that we do. Executive staff 2004*



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## 1 This school's characteristics at the beginning of the study

### Overview

Coombes High is a relatively new K-10 school. The school began as a primary school until the then principal encouraged expansion into a K-10 school with a middle school program, based on positive outcomes in the literature. This required extensive community consultation and approval from the Minister. The high school campus opened about four years before the first visit of the evaluation team in November 2001.

The school has a middle school program from Years 6 to 8. These students spend most of their time with one home room teacher, who teaches in a range of curriculum areas, using an integrated curriculum approach. Teachers in the middle school work within year-based teams to develop a curriculum which will address key learning areas for all students in that year, although they are in different classes.

The school is divided into two campuses; K-5 has approximately 520 students and the middle school and high school campus (Grades 6 to 10) has approximately 770 students with around 60 teaching staff.

Students in Years 9 and 10 have a larger number of teachers, although less than they may experience in a traditional high school. They are supported by a pastoral care program and have to complete 80 hours of health for their senior certificate.

### The Community

The area is a centre of development and growth, with a mixed socio-economic profile. Staff described the community as ranging from wealthy to disadvantaged, with a number of single-parent families and some public housing. Some of the population is transitory because people work in the defence forces. Being an outer suburb, the area is somewhat isolated with few local employment opportunities; most parents work in the city. The students are mainly Anglo-Saxon / Caucasian, with a small proportion from Indigenous, Asian or Middle-Eastern backgrounds.

Staff expressed a keen awareness that their community was new and expressed commitment to ongoing review and development of the curriculum. There were also a number of comments about the isolation of the school from supportive social infrastructure and a lack of sporting facilities in the area was regarded as a vital issue.

### Administration

There is a single principal and two deputies and a small number of executive teachers. One of the deputies is responsible for the middle school (Grades 6 to 8) and the other is responsible for the senior school (Grades 9 and 10).

This model is markedly different from surrounding secondary schools where a school of similar size might have ten executive staff members. The administrative model indicates a practical commitment to a 'flat' structure where resources are allocated to the reduction of class sizes, ongoing provision of team teaching, the coordination of state based programs and research and more in-classroom support for teachers.

Students are organised into home rooms of up to 25 students.

### **Timetable**

An integrated curriculum model dictates the timetable in this school. Students are more likely to remain in one classroom and stay with their home room teacher. This significantly reduces movement within the school and facilitates the supervision of students at change of lesson. Staff considered the timetable and model in place at Coombes High is effective in supporting the school's commitment to pastoral care.

*Teacher 1: I think one of the best things about this school is the relationships, especially in the middle school, that teachers have with their students. Because it's a little bit different structure and home room teachers get to spend a lot of time with their kids, they know them so much better than other schools, you don't lose the time, they're moving from room to room, we're in this continuity.*

*Teacher 2: Also you can pick up when kids are really stressed. You can pick up and provide safety nets for kids that have got issues at home, all that kind of stuff that if you only see them for maybe an hour a day and they move on. Staff 2001.*

Key words used by staff in regard to the timetable were that it enabled students to be known and accountable in a way traditional timetabling did not.

### **Curriculum**

As indicated above, Coombes High runs an integrated curriculum model. While there was overwhelming support for this model and its implementation at Coombes, one staff member did comment on possible disadvantages:

*The only disadvantage that I see is that I feel like they're not getting the specialty areas taught to them as well as they could by me, but that might be my personal problem. I mean other people might be really good at teaching everything but I don't feel like I am and sometimes I think, God some of these really high-flying kids could go to a really advanced Maths teacher who knew what they were doing and they could really make them fly, whereas I don't think that I can do that. Staff, 2001*

Staff noted that in Years 9 and 10, health is a compulsory eighty-hour course which is required to be completed before Year 10 graduation. This recent decision required an increase in the allocation of hours to this course and staff noted that it provided an opportunity to spend much more time on mental health than in previous years. In fact one teacher noted that she allocated the longest teaching time to mental health (5 weeks), significantly longer than any other unit in the course.

In selecting materials to construct the school based curriculum staff acknowledged that they had drawn on materials from many sources and had determined to make a concerted effort to incorporate MindMatters into the curriculum in order to address self esteem and other aspects of mental health and wellbeing in a more concrete way.

### **Educational context**

A school based curriculum model was in place at Coombes and other schools in its region. The curriculum at Coombes was not defined by an external agency but by the school itself, with reference to the relevant national standards and curriculum frameworks. Teachers had a good deal of autonomy and flexibility in choosing resources. Shortly before the first visit the school made a decision to separate health and personal development from physical education in the curriculum.

This change was attributed to the school's focus on middle schooling and pastoral care, which they claimed leads to a greater awareness of health and development issues faced by adolescents. The decision to focus on a separate health curriculum was independent of the decision to implement MindMatters, but the resource took on an important role in the new curriculum.

### **Annual turnover**

Changes in student enrolment at the school were reported to be quite high. This was attributed to the increasing population in the drawing area for the school and a significant number of students changing from other local schools to attend Coombes, either by choice or because they were trying to make a fresh start. One staff member indicated that this caused significant concern and disruption for staff and students.

*...the worst behaviour problems we've had, have arrived this term from other schools and it upsets the other kids. They get very unsettled with some of the behaviours that have been suddenly imported to our school... But usually it's because they're needing a second chance, kids like that. And their other schools are fed up with them. So we're a new start, and we have to take them. Staff, 2003*

Staffing policy in this region also impacted on the school and there was a high level of turnover of staff in their early years of teaching. Also the expanding numbers of students attending the school required expanding staff numbers. Many of the new staff members were staff who were used to more traditional secondary school structures. At Coombes, two key staff members involved in the adoption of the MindMatters program in 2001 and 2002 left the school in 2003. Overall the high level of staff turnover was a source of concern for the school in terms of training and the maintenance of a skilled staff in the particular programs incorporated into the school.

### **Pastoral care arrangements**

Coombes High had a very high level of expressed commitment to middle schooling, supportive home rooms and pastoral care. Several staff felt this was a positive characteristic of the school but that some teachers may have been uncomfortable with it.

*We don't have rotating classes, we don't have that sort of thing and the home group teachers take a lot of the burden on themselves when it comes to welfare and monitoring the kids and the relationship...which is a really good thing, but I think some teachers find it really hard because they're not used to that kind of pressure and they're not social workers, they're not this, they're teachers but some students turn to them for other areas and that is a positive thing, it's not a negative thing about here. But I think it kind of outweighs the negatives more than anything. Staff, 2001*

The Principal reported that the school worked hard to prevent bullying, although perceptions were mixed regarding the extent of commitment to dealing with this issue at the school. Several people reported that students, staff, or community members view the school positively. Many said it was a friendly place and most people were approachable.

*Our ethos centres around pastoral care and middle schooling. This guides our education and our policies and encourages us to look at the student as a whole person and to be more aware of issues facing teenagers. Staff, 2002*

Staff expressed the opinion that students at Coombes High, particularly those within the middle school, had good access to support and close relationships with their teachers. Support included the presence of the home room teacher, pastoral care programs, the school counsellor and the local youth centre. Students recognised that staff made choices about class allocation to support friendships and appreciated this effort. Students were aware that staff noticed a great deal about them both within and outside the classroom. As one student noted:

*Some of the teachers, like, no offence to teachers or anything, but they're so nose-y. They find out everything. Student, 2003*

Staff reported that students seemed to be fairly comfortable talking with teachers if they had a problem. These feelings were generally echoed by students, who reported that most are comfortable with their home room teachers and other teachers. One teacher's comments indicate the awareness of the challenge of this change of teachers' role and the overall acceptance that the benefits of the middle school structure, in terms of pastoral care, outweigh the challenges it presents.

Students reported that teachers treated them with respect and cared about their welfare, not just their school work. If they had a problem they would be happy to go to either the counsellor or a teacher.

### **Behaviour management arrangements**

When asked about behaviour management arrangements staff generally indicated that the ongoing interaction with home room teachers appeared to prevent many of the behaviour management problems they had encountered in other school situations. Teachers mentioned that vandalism was noticeably low at Coombes. Smoking incidence was low. Students who were defiant or students who engaged in fighting in the school were sent home immediately. Such incidents were followed up within 24 hours by an interview involving a senior staff member, the student and the parents or guardians. Defiance was a much more common occurrence than fighting.

On the whole, however, management of behaviour relied less on using formal procedures and more on the relationship between home room teachers and their students. One parent noted that this high level of contact and ongoing monitoring by one main teacher who could be consistent across a range of subject areas had a significant and positive impact on her son who was suspended for defiant behaviour:

*I feel that they've really dealt with things with him, you know not letting him cross boundaries of behaviour ... I think in a lot of other schools he could have just run riot. You know, he probably (would) have just got away with it. Parent, 2001*

### **Other welfare support structures**

Coombes High shares a full-time counselling position with the adjoining primary sites. The counsellor's time was allocated on a needs basis. The counsellor reported this was an effective way to meet needs promptly and to respond as seasonal trends occurred in the two campuses. This counsellor's work was highly regarded by informants from within the school and from the community.

Staff also report that the presence of a home room teacher in the middle school and the provision of pastoral care in the senior school contributes to supporting student mental health.

The high school also had a close relationship with a community youth centre which provided group education, general school outreach and individual support. The school provided a range of specific programs which related to social and emotional wellbeing, some in collaboration with the counsellor and youth workers. Examples of programs include:

- Bodywise - body image and self-esteem
- Partysafe - drug and alcohol harm minimisation
- NOVIS - no violence in schools
- RAP-P - a program for the parents of adolescents
- Support programs and flexible learning options for students at risk of disengagement
- G –Tech – a literacy program for 16 young people in Years 9-10 at risk of disengaging from school. This program seemed to retain boys but lose girls who were targeted.
- Health promoting schools – part of the network in local clusters which appeared to have an impact on staff awareness of issues of mental health

The relationships with local agencies were favourably described, in 2001, by one of the community workers who visited the school on an organised and regular basis and moved among the students to overcome the access and stigma issues:

*We make a lot of connections with the young people that even if they're just coming up and say, 'Oh hi, how are you?' But they still do that, and 'Oh, can I come and see you at the Youth Centre this afternoon?' Or, you know, 'I'm having hassles at home' or 'I'm not coping.'*

### **Links to the community**

One of the youth workers from a nearby agency is represented on a number of Coombes High's committees. Links to local youth supports were so strong that staff claimed that the majority of the clientele at the youth centre were from Coombes High.

*In terms of, particularly the youth centre, they're free to come into the school at any time and walk around the playground and talk to kids and just recently we've had some student management issues, you know, drug related kind of stuff that didn't happen at school but it was affecting our kids and whatever. So our youth workers were consulted on that because particularly the kids who were involved but kids who go to the youth centre so we have some dialogue and so, that's been a really strong relationship that's built up actually. And particularly now that we've got a senior school, and the issues that come with those older kids, in relation to mental health issues, it's become quite strong. Staff, 2001*

Two community representatives described the school's attitude to links with external agencies in these terms:

*I think they're really good in the way that they think about alternative methods of teaching and different programs to run and things like that; always open to new suggestions and whatever, and I guess since we do a fair bit with the school, we've got a pretty good relationship with the staff as well. So we can talk about similar issues with (the) same clients and things like that and things that might come up, so referral process and also a bit of backing up and things like that too. So they're really good in the way that they're open to all that.*

*And just really flexible and accommodating and very supportive of us coming into the school so we haven't had any of that us-them, we're teachers you're youth workers. It's like we're considered part of the school team and I think that probably helped because we came in - being a brand new school, we came on board the day that the school was opened so we've been sort of part of the school.*  
*Community representatives, 2001*

Other links mentioned in the course of interviews at Coombes High were: guest speakers and information nights for parents and students from the local community; experts across a range of issues including drugs in sport; community staffed reading support programs; parent/teacher/student interviews; provision of child care facilities to support parental involvement in school initiatives; a fete (shared with the local Catholic school); and the provision of rooms for local community meetings.

### **Parent involvement**

Staff indicated that the truancy policy required prompt contact with parents and the parents expressed a high level of support for this policy.

*Follow-up here in this system is really good because you don't just let them go, you always... Yeah they can't slip through like they can, I believe, in the other system and you've got that parent contact as well. And you can say I'm going to ring mum this afternoon and the kids know you will and all that sort of stuff whereas you're not just sort of some unknown science teacher who's ringing about something or other you know. Staff, 2001*

This policy was generally indicative of a high level of direct contact between parents and home room teachers about students, their behaviour and their academic performance and any other issues.

One parent described the teachers' attitude as proud, positive, friendly and approachable. She considered this unusual and appreciated this aspect of Coombes High. Parents were noted to attend school functions, displays, drama and music performances and fashion parades of student work in significant numbers. Events labelled as 'information nights' were likely to be less well attended.

One program particularly targeted at parents was the RAP-P program, which aims to build parenting skills and harmony in the household by assisting parents to provide a safety net for their children. The course focuses on developing confidence and skills in networking with other parents to ensure student safety and parental standards of care are maintained. Some parents attended on a self-selection basis while others were invited. The course was oversubscribed.

### **Student views of the school**

Students generally reported that the school had good physical facilities, which were relatively new and clean and preferable to other schools they knew of or had attended. Teachers reported little vandalism. Some students felt the colour was drab and the school needed redecoration. Some complained about the design, being cold and windy in winter.

Students understood that their school was different from other schools and expressed a range of views and some uncertainty about the value of the middle school model of schooling they were experiencing.

*Because we've got the middle school program it's heaps different when you get in there like because when I was in primary school, high school was a big different thing but when we got here it was pretty much the same as when we were in primary school because you were in the same classroom for most of the time but if you heard about other high schools and stuff, it was entirely different, (it) was kind of annoying.*

*You don't tend to meet as many people.*

*Yeah, it's not that good because you don't get to change classes like every period, other than like other high schools, you're sort of with the same people most of the time, and the same teachers.*

*I like this school. Am I the only one who likes it?*

*Yeah I like it too. My dad's in the air force, so I've been to like heaps of schools and this is the best one I think. It's the newest. And it's really flexible sort of thing. Like they give you so much more space too, like get things out of respect. Like my old school that I came from, because I only came this year, the teachers just treated you like pretty much nothing. But they treat you like friends here sort of thing.*

*You get more attention as well in some areas.*

*Like more one on one.*

*Students, 2001*

### **Staff views of the school**

Rapid growth in the feeder population and in school size was seen as a challenge placing strain on resources and staff at Coombes. The school grew in size and number over the course of this study, with the addition of several portable buildings. The Principal felt that the traditional high school design and pressure on facilities were particularly challenging in a middle school, which is not timetable-driven, centres around an integrated curriculum and requires a multi-purpose home room for each class.

Most staff seemed happy with the ethos and structure but some appeared to find the alternative and flexible approach difficult. This situation was seen as stress inducing:

*I would totally agree I think that some of the staff feel that they're very much in limbo. They don't kind of fit into the middle school part and they're not a high school either so the idea of not knowing exactly where you fit and what you're supposed to be doing can, I think, probably is causing quite a lot of stress in that respect. Staff, 2001*

Many had positive attitudes to the school considering that the model enabled them to get to know students better than in other schools and develop an ongoing relationship where students with problems were comfortable talking to teachers. Staff appeared to affirm that there was indeed a close relationship with parents and supported the policy of calling parents if students were late. The practice of working in teams to create and own the timetable and rooming allocation, along with ongoing team teaching was considered favourably by staff who expressed that they felt supported and appreciated.

This school's characteristics at the beginning of the study

As in many schools, staff tend to be very busy and to feel overwhelmed at times. Being a relatively new school, Coombes has been in an expanding mode for some time. The growth in student and teacher numbers has made it difficult for staff to maintain the close professional and personal relationships they enjoyed in earlier years. Overall, however, staff satisfaction seemed reasonably high throughout the study period.

## 2 How the evaluation was undertaken at this school?

Three school visits were made in November 2001, November 2002 and December 2003. At these visits, the school arranged for various members of the school community to be interviewed, and these conversations were audio taped for later analysis.

The following interviews took place:

Interviewees	Number interviewed			
	1 <sup>st</sup> visit	2 <sup>nd</sup> visit	3 <sup>rd</sup> visit	4 <sup>th</sup> visit
Principal	1	1	1	
Deputy or Assistant Principal	1	1		2
Senior teacher	1	1	1	
Teacher or assistant teacher	3	8	6	5
Student	12	10	8	13
Counsellor, social worker etc	1	1	1	1
Parent	1			
Community member	2	2		1
Other	-			

Over the two years of the evaluation, two telephone interviews were conducted with the person nominated by the Principal as the key contact person. As this person left the school at the end of second term in 2003, a brief visit was made to the school prior to his departure to meet the new contact person. A brief conversation that took place on this occasion was also taped.

Student questionnaires were administered in March 2002, and March 2003, June 2004 and June 2005. .

At baseline, the following participation rates were achieved:

Year 7 87%

Year 8 82%

Year 9 67%

Year 10 46%

Results from first round of data collection are used as points against which results, after three years of implementation of the program, can be compared. Participation rates in 2004 and 2005 were much lower than in 2002.

These data are summarised in Section 11 of this report.



### 3 Why did this school decide to adopt MindMatters?

#### 3.1 Student wellbeing issues

##### **Mental health problems**

A range of mental health issues affecting students were mentioned in the early interviews including: anxiety and stress; self-harm such as skin burning with aerosols; copy-cat self-harming behaviour; depression; suicide ideation; post-traumatic stress reactions. In particular, students whose parents were in the armed forces were noted to be experiencing separation anxiety, and a high level of concern about parents in the armed forces on active duty in theatres of combat. Community members noted ADHD as a relevant mental health issue.

One community member described the issues in the local area in these terms:

*...we are seeing a lot of young people perhaps at the minor level, not so full on depression but they go through stages where they're perhaps not dealing and then that also reflects on their drugs and alcohol use at the time. Some depression and you know, we have had young people with issues around suicide, not specifically that attend this school but live in the local region and I think that mental health issues are becoming - I don't know, if we're becoming more aware or it's more common but we're aware of quite a few young people that perhaps are using anti-depressants or that may have been diagnosed with some sort of mental health issues. Community informant, 2001*

Despite this description of the broader community, the community representatives observed that students at Coombes appeared to be seeking help from within the school and other agencies at early points of drug use or early stages of depression. Teachers expressed surprise at the level of 'street wisdom' shown by some students at a young age and noted that issues of mental health often arose and were discussed in the framework of narratives of text or film or local events reported in the newspapers being explored in class with students.

A number of interviewees mentioned the increase in counselling requests and problems for the students of Coombes during the school holiday period:

*I think there are so many pressures to go out and party or to hang with the right people. You just see the self-esteem and the depression issues tend to be rife during those holiday periods. Community representative, 2001*

##### **Bullying and harassment**

There were mixed perceptions about bullying and general behaviour at Coombes High throughout the course of this study. The principal reported a strong stance on bullying and teachers reported few incidents of fights or harassment. The school's policy on harassment was prominently displayed in the form of anti-harassment posters throughout the school. The counsellor felt that there was a lower level of anger and aggression than she had seen elsewhere, possibly because of early intervention through students' close relationships with teachers. Students also reported that they felt safe in the playground and that older students tended to look after the younger ones.

However some parents reported incidents of bullying and harassment which could have been better managed. Some students felt that bullying was a problem because some children didn't seek help - although they felt that help was available. Others said that while bullying didn't occur frequently, the same few individuals are often targeted. They also felt that sometimes comments are intended jokingly but may not be perceived that way.

Students suggested that while the school professed to have strong policies against bullying, incidents were not always dealt with effectively and that staff were not always aware of incidents. Senior students thought that bullying was less prevalent or severe than at other schools, but there was a general feeling from students that the school needed to more actively enforce anti-harassment policies. This is how one student described the impact of 'getting paid out by other students':

*Student 1: Getting paid out by other students ... sometimes they're just playing around, like sometimes you don't take offence to it or anything because you know they're just joking. Sometimes they act really serious though.*

*Student 2: I reckon some students, like just with hormones and stuff and the school work, some of them just give up, like some of them just give up and you see that they start taking drugs or start smoking and you can usually see them like their lives or their school life's deteriorating sort of thing. Like instead of talking about the good things they do in school, how funny it was when someone did this in class, how funny was it when somebody got paid out and they would get home and then smoke or drink alcohol and stuff. Student conversations, 2001*

Youth workers and the school counsellor agreed that there was a degree of bullying at Coombes that appeared to be resistant to the measures in place. They described this bullying as targeted particularly at young people who are different from others, in terms of their sexuality or through personality traits such as shyness.

*We have had harassment of some of our students with special needs and some of the bigger kids stepped in and stopped that... but they're not inclined to do it for students without that obvious disability. Staff, 2002*

Staff expressed a sense that it might be difficult if not impossible to eliminate bullying and to effectively address certain types of harassment. Some suggested that students would not be fully aware of the action taken by the staff in response to bullying, or that students did not advise staff when bullying recurred. They noted that in some cases, students themselves intervened to stop some forms of bullying. Their concern and some of the powerlessness they intimated are expressed well by this staff member:

*But I feel really strongly about the bullying one because I feel that some kids don't even know they're bullying. I'm sure they don't even know that they're getting the kid down. It can be for attention reasons, I'm sure. Staff, 2001*

It was in this context that the MindMatters program and the curriculum resource on bullying and teasing were seen as useful tools for the school to deepen their resource base for preventing and dealing with bullying at Coombes.

### **Drugs and alcohol**

In general, while there is some use of drugs and alcohol, the staff, students and parents indicated that in 2001 that this was less of a problem than at some other schools.

*I wouldn't say (drugs and alcohol are) a big issue at this school ... compared to other schools I've worked at it's certainly not the same level of use. School Counsellor, 2001*

There seemed to be little use of alcohol at school (except for a couple of social events mentioned by both staff and students) and people reported that there was little use of 'hard' or 'heavy' drugs. Staff and students indicated awareness of incidents of some marijuana use in the school, but the main concern appeared to be tobacco. The policy of parent contact, suspension and interview for students caught smoking was widely known and acknowledged as fair and effective. Based on reports from students and staff, the incidence of tobacco and marijuana use was higher amongst Year 9 and 10 students.

Students attributed drug or alcohol use to young people trying to fit in, to students having other personal problems or to students lacking personal or academic goals. Staff noted isolated incidents of chroming but their main concern for students' health was weekend bingeing on alcohol, which did not appear to impact on their school behaviour in any significant way noted by teachers.

Students claimed a high level of parental awareness of weekend alcohol consumption.

### **Gender specific needs**

Staff noted harassment was particularly targeted at young men whom students considered may be homosexual. They indicated that some training had been offered in the use of inclusive language and the availability of support resources for victims of homophobia.

### **Curriculum Inadequacy**

Community members noted that some students with particular emotional stressors in their lives or particular behavioural difficulties had found the middle school model of schooling stifling. Similarly, some students moving to the area from other states were reported to have found the curriculum model difficult to adjust to.

### **Ethnicity/ Religious Specific Needs**

The particular needs of students of Islamic background were highlighted at Coombes in the wake of the Bali bombings. Similarly particular ethnic groups reported to be involved in high profile assault, rape and criminal activities were reporting that they were the targets of bullying because of their connection with that particular ethnicity.

## **3.2 Consistency with school direction, ethos**

The MindMatters program was seen by community members and staff as highly compatible with the ethos of Coombes. The focus on holistic responses to individual students that pervaded Coombes was affirmed by community members who described the school as highly flexible and as demonstrating an ongoing capacity to respond to individual needs.

The articulation of a mission to connect with young people and work with them in developing an understanding of themselves and their identity as they move through adolescence was very clear at Coombes:

*The whole point about our middle school, . . . is that it is designed to recognise where the kids are at and designed to recognise the characteristics of kids at this age. And they are that they're desperately testing the boundaries, their world, they're testing their world and you see that out in the playground. But they yearn for security. They still yearn for security. They're betwixt and between and they're caught in the middle. They're caught in the middle between upper primary*

*and senior high school and it's often known as a higher age and they get bad press. But that's a lovely age for kids. But the main thing is if you read about the characteristics of kids at this age, they're really testing the rules, they're testing their boundaries, they're figuring out where they fit in the world but they still yearn for security. .... home rooms with one main teacher who was prepared to teach across subjects because of that relationship thing, the literature was (saying) that the kids want the teachers to take an interest in them. And I really feel sorry for teachers in traditional high schools who can't possibly get to know the kids. They have up to 200 kids a week and I feel sorry for the kids because they want the teacher to know them. Staff, 2001*

### **3.3 Impact of student wellbeing on academic outcomes**

Staff were mindful of the capacity of MindMatters to enhance health curriculum outcomes as well as whole person development outcomes.

*I think it filled that gap that is in the curriculum. Up to now there hasn't really been any focus at all, specifically on working with kids in that area. Apart from, I suppose, the underpinning in terms of work on self-assertiveness skills and self-esteem, and those sorts of things underpin any health curriculum. So there hasn't been anything to build on from that. So when looking at the time when things go wrong I suppose, so it's filling a gap in the curriculum. Staff, 2001*

Staff were particularly conscious of incorporating opportunities in the curriculum for students to discuss issues identified in MindMatters such as grief and loss. They noted the high level of engagement of students with these topics, and indeed student requests for opportunities to discuss issues relating to mental health and mental illness to better understand their emotions and deal with the personal impact of relationship breakdown on their lives – including their academic life.

### **3.4 Characteristics of MindMatters itself**

Coombes had a Health Promoting Schools Committee at the time of the adoption of the program and was made aware of the Kit through one of the committee members who had heard about MindMatters through the Health Promoting Schools program. When the Kit arrived at the school it was passed onto a health teacher who had an interest in this area and was keen to design a curriculum which included communication and personal development.

Aspects of the MindMatters package itself encouraged uptake. Staff reported that it provided curriculum material which fitted into their philosophy and could be used to build on existing activities. They also felt that because the Kit contained activities relevant to various curriculum areas, it fitted in well with their integrated curriculum approach. Furthermore, they felt that sensitive topics were introduced in a safe and non-threatening way that allowed teachers to pick up the tools and use them readily.

*It just blended in and it gave the teachers a resource they could pick up and use and that's a big selling point for teachers as well. But it was just presented in such a nice, unthreatening way, I suppose. Because when you're dealing with sort of mental health issues in the classroom, all the teachers go to panic mode, whereas this was just so easy and so natural and it just comes through ...I suppose*

Why did this school decide to adopt MindMatters?

*(it's easy for this resource) to be a part of the holistic, ... and resilience (ethos of the school). Staff, 2001*

In 2001, staff had expressed the view that there had previously been a gap in the curriculum in terms of mental health, communication or personal development and that MindMatters would help staff and students at Coombes to address this. The fact that elements of MindMatters could be selected to meet the curriculum needs of the staff rather than being seen as a prescriptive or imposed resource, enabled its positive reception by staff.

The opportunity to raise issues of self esteem, bullying and teasing, and grief and loss in a curriculum area and integrated with other subjects where these themes and issues were arising was also seen as a more effective and less threatening way of reaching a range of students, rather than having individual sessions with the counsellor.

*It (MindMatters) fills that gap that was in the curriculum up until now. There hasn't really been a focus specifically on working within that area (mental health). Staff, 2001*

### **3.5 Early expectations of the impact of MindMatters**

Early expectations were that MindMatters would easily fit the curriculum creation model of teaching at Coombes, that it would value add to what was already being delivered through the pastoral home room model and that it would enable a language and opportunity for the discussion of ideas important for the delivery of a holistic health curriculum.



## 4 What did this school do to introduce MindMatters into the school?

### 4.1 How MindMatters was identified

MindMatters was first identified by one of the executive staff members of the school's Health Promoting School Committee who subsequently attended one of the early MindMatters professional development workshops. This person actively promoted the use of MindMatters to the teachers as a curriculum resource.

*What I can tell you is that I came back enthusiastic about it and said 'yes this fits in with what we're doing and where we're going'. And I approached (the health teacher) and made sure that he knew about the Kit because at that stage he was getting ready to teach a class. And then, when the Year 7's were working in that area I suggested it to them as a resource. So from that I could say that I felt there were things within the Kit that fitted with where we were going, in classroom delivery but also with our philosophy. Staff, 2001*

When the MindMatters Kit arrived at the school it was initially placed in the library and information about the resources was disseminated to staff. It was eventually borrowed from the library by the health teacher who had an interest in this area and who was keen to develop the school-based health curriculum to include a greater emphasis on communication and personal development.

*The MindMatters Kit arrived at the school like they did everywhere. I got an information flier in my pigeonhole and it was on mental health and we decided - at the end of last year - I saw it in the library - and I was keen to design a health program. I had a look at it and said 'Wow, this is great! The curriculum is all there'. Because we don't have an established curriculum, we've got to design our own. We beg for stuff like that because you're not reinventing the wheel. And so it went from there. Staff, 2001*

### 4.2 Process of deciding to use MindMatters

The initial decision to use MindMatters did not involve either a formal decision-making process or consultation with the wider staff at Coombes High. It was simply promoted by members of the Health Promoting School Committee as a potential resource for any teacher who wished to use the resources in their integrated curriculum.

As, indicated above, the particular usefulness of MindMatters was initially identified by one of the health teachers. Its uptake was essentially a decision for that faculty.

*What we did earlier in the year, (we) mapped a kinder to Year 10 health program. Because we don't have a syllabus there's no mapping, so if you want to do that we need to make sure that what kids are learning in Year 6. ...in Year 7 and 8. We're not actually having these big gaps of important parts of the health curriculum and we've separated it from PE. Health is separate. Staff, 2001*

It is important to note that Coombes had a definite policy of encouraging its teachers to adopt their own approaches to teaching and to utilise whatever resources they thought would be helpful. In this climate, the adoption of MindMatters was essentially one for the teachers to decide.

*We don't tell them what they're going to teach and when then they're going to teach and how they're going to teach. We say we want to look at these key questions that we think are significant for this year group to address and work out how you think it's best for your cohort to address those. So it's still very open-ended. And we'd say here are examples from the (particular) resources and our school resources of how other teams have done it because if it's useful to you, by all means use it. Or feel free to design your own. Staff, 2002*

#### **4.3 Attendance at professional development**

In 2001, one member of the school executive and the school counsellor attended a two-day MindMatters Professional Development Workshop. Late in 2002, two teachers in the middle school also attended the training. It should be noted that the health teacher who, in 2002 and early 2003, had been principally involved in supporting the uptake of MindMatters in the health curriculum at Coombes, had not attended the two-day training.

#### **4.4 How the school was informed or involved**

Coombes High essentially adopted a model of key staff training their peers as their implementation model. The two staff who did the MindMatters training provided a level of support to those staff in the Health faculty who were looking at the incorporation of the MindMatters curriculum material.

Parents appear to have been informed that a program with a focus on mental health and wellbeing was being used at the school. While parents did not know the details of the way in which MindMatters was being used at Coombes, they expressed an appreciation for the new focus on mental health and reported discussing the mental health elements of the course with their sons and daughters.

#### **4.5 Formation of a core group or other planning group**

The Health Promoting School Committee was the key vehicle for the introduction of MindMatters at Coombes. This committee appears to have given philosophical support to the adoption of MindMatters but, after initial uptake, there appears to have been no formal structures for planning and reviewing the adoption of MindMatters at Coombes.

#### **4.6 Process of planning**

Prior to the adoption of MindMatters, the Health Promoting School committee had identified the need to increase and to streamline the teaching of health across the middle and high schools.

As mentioned, a curriculum audit had, in 2001, identified gaps in the health curriculum. This was followed in 2002 by an exercise in which a 'scope and sequence' audit of Health was undertaken with key staff being released to undertake the audit over two days. These processes resulted in certain topics related to mental health being identified for Years 7 and 8 in the middle school, and for Years 9 and 10 in the high school.

With the arrival of the MindMatters resource in the school, staff in each of the years were encouraged to use MindMatters as a key resource in introducing these topics to their students. This process of planning discussed by staff is described by one teacher in these terms:

*They asked me if I wanted to join various committees and I said I was interested in being on the Health Promoting School Committee since I was now going to be teaching this health program. And we had some dialogue about it and sat down and said let's do some stuff from mental health. So we've actually framed a whole subject around MindMatters. Well half is MindMatters, mental health and the other half is sexuality but they clearly go together. Staff, 2001*

Because of the nature of curriculum planning at Coombes teachers revealed a high level of autonomy in whether they actually did incorporate the various elements of MindMatters at class level as planned in the scope and sequence.

One staff member, recalling an earlier pilot program that had been implemented at Coombes previously, described the direction to use that material as 'a little bit (of a ) dictatorship (style)' (2001). The tension between, on one hand, this autonomy in curriculum planning by teachers, and, on the other, the expressed intent of the Health Promoting Schools Committee to see the MindMatters program implemented were considered in terms of the timing of requests for staff to engage with the MindMatters curriculum resources.

*I think it's fair to say that staff, certainly at this school, don't like to be told you need to do anything because that's part of the beauty of our school - flexibility. Like what you want to do, I mean we've got some parameters and guidelines that are fairly gruelling to operate under, people don't like being told what to do, so it was a little bit political for me to then say, you need to do this. So I left it the first semester. I left it until this semester and I did that quite intentionally because I wanted them to get used to the fact that MindMatters is a big thing that we're doing now..... Staff, 2002*

#### **4.7 Early plans for change**

Having undertaken the mapping of the health curriculum from Years 7 through to 10, and having decided to incorporate MindMatters into the scope and sequence, the process of recruiting the cooperation of staff then began.

*The plan is from here, particularly now that we've agreed to become an evaluation school, and we're just mapped the health curriculum right through, that from year 7 to 10 what we'll do is I'll go back to them (the teachers) and say because we've agreed to be part of the MindMatters program and when you do, in Year 7 for example, they're doing a thing called Body Wise, which is all about your body. I would say to them 'Well you make sure that you include a component of the mental health stuff out of MindMatters in that. In fact, not only should you do that but here's some material you can use'. And they'll go 'Thank you.' Because I'm actually providing them with some curriculum. Staff, 2001*

One staff member who engaged with the material described the processes for planning that her team then used in this way:

*I'm a Year 8 home room teacher and Year 8 has taken MindMatters really on board this term. We sat and went through all the books together as a team and decided to come up with a unit of work called 'Reactions' and how the children react to all the different subheadings that we came up with, which were 'Loss and Change', 'Relationships', 'Challenges', 'Conflict', 'Valuing Differences' and 'Reactions in*

*Science'. So we sort of modified the whole unit to suit our needs and the purpose of the unit was to help the children try and feel safe, valued, engaged, purposeful and try and get it focused in on them a little bit to try and keep them interested in the last term of the year and also to give them some (ways) to deal with what we thought were issues for them at this age in particular. So we've used the MindMatters Kit a lot. I find it really easy to use. The books have been fantastic. They give us a lot of background information and then we pick and choose the activities in there that suit us. I think that the class has been really engaged with all of them, some more than others. It's touched a few raw bones with quite a few of the kids. Staff, 2002*

One staff member acknowledged, however, that the actual level of uptake might be inconsistent and that, indeed, the scope and sequence document might not be widely owned by staff. This person thought that MindMatters was not likely to be adopted in any consistent way across the school.

*I won't be surprised if when you ask them (about the scope and sequence document) some of them will say, 'Oh I didn't know there was one.' And they'll say that because the only time they really saw it was when I went to their meeting and put it on the table and gave them each a copy of that. And they probably went 'Oh okay now what's this MindMatters stuff?' Do you know what I mean? Because it's new and it's different and it's not sort of launched to the staff in a big way or anything like that. It's more of a tool that we're trying to use as a way of us getting a handle on what goes on. Staff, 2002*

Staff indicated that other than the Health audit, none of the audits provided in the MindMatters resources had been undertaken.

#### **4.8 Views of Professional Development**

Those who attended the two-day MindMatters Professional Development workshop at the start of the adoption phase of MindMatters at Coombes were very positive about the program and acted as advocates for its adoption.

One staff member who attended training in 2002 (a considerable time after the introduction of the program into the school) was critical of the MindMatters Professional Development asserting that it was too focussed on teachers who had no familiarity with the program and that the trainers had tried to do too much in a short space of time.

*Oh, it was a long two days. It's a long workshop from 8.30 to 4.00. It's intense, you know...Ours was just always running behind time, so lunch was cut out, that kind of thing. But you can't help those sorts of things, they happen. My only thing would be, and we wrote that on our survey at the end was that the first day, or the first half of the first day is just spent with going through the books and most teachers there already knew what the books were. They really wanted to know how to use it and how to implement it into the school and how to implement it into classes and we probably would have liked less time on going through like every book and a lot more time on those sorts of things.*

*But the more practical side of it, yeah. And we all brought a Kit. So obviously the school had stuff and those people who didn't you only sort of needed half an hour or so to get the gist of what was going on and then maybe a bit more of the*

What did this school do to introduce MindMatters into the school?

*practical application would have been better I think. So we found that a little frustrating. Staff, 2003*

Another staff member who did the professional development in 2002 saw the training as affirming of their (the teachers') efforts in implementation of MindMatters at Coombes. They agreed with other staff reports of the experience being overcrowded and rushed.



## 5 What changes were made during the first two years of the evaluation?

As has been previously indicated, Coombes High has been purposefully established to maximise the support given to students throughout their middle school and high school years. One consequence of this is that supportive structures and policies were already in place at the time the school adopted MindMatters and, on the whole, the principle focus of MindMatters implementation in this school was on curriculum. Nevertheless there were certain incidental (non-curriculum) changes that occurred during the study period that are mentioned below.

### 5.1 Changes in curriculum

#### Changes in health curriculum

The mapping of the health curriculum in more detail in 2002 attempted to establish a defined progression of key questions and resources from K through to Year 10. The resulting scope and sequence was approved by the School Board. The curriculum specifically includes 80 hours of health across Years 9 and 10 which the school has made compulsory for the senior certificate. This currently includes several weeks specifically on topics that are included in the MindMatters Kit ('Loss and Grief' and 'Understanding Mental Illness'). Other issues such as bullying, resilience and relationships were identified as important for Years 7 and 8.

At both the first and second follow-up visits, staff indicated that MindMatters was indeed being used to support the health curriculum with students in Year 7 through to Year 10.

In Years 7 and 8 students had some exposure to at least some elements of the MindMatters resources and there was a feeling that it had, by the second visit, become integrated into the health curriculum for these years.

*To have a second cohort of teachers this year - in Year 7 and Year 8 - picking it up and using it again, means that it's becoming more embedded in the practices of the school. Executive teacher, 2002*

Year 7 teams used the modules on bullying, grief and resilience. Several teachers reported that they felt some of the material (particularly in the first resilience module) was 'too young' for their students and was better suited to a middle or upper primary group. Some found that certain activities did not work well with their class. However, despite these issues, the teachers felt it was a useful resource and most were able to adapt materials to suit their class and their curriculum approach. They also reported using the MindMatters material in conjunction with other resources.

*I think the program's really good and I like the ideas behind it but I felt that some of the material wasn't very age-appropriate for the Year 7 kids. I felt that I couldn't give it to my class ...that it was aimed at middle primary school. Year 7 teacher, 2002*

With further discussion, teachers considered that their Year 7 students may be more confident and assertive than those in some traditional schools, with the majority of them having come through Year 6 in the middle school. This is in contrast to a traditional high school structure in which students in this grade would be new to the school and the resources in 'Resilience 1' would have been more appropriate.

Teachers also noted that the resilience material would have been ideal at the beginning of the year, rather than later in the year, as they had used them. Nevertheless, they reported that there were positive outcomes.

What changes were made during the first two years of the evaluation?

*I thought it came at a really good time for me ... some of (my students) didn't know each other's names half-way through the year, which was shocking ... When I introduced that unit they had to find out each other's names so that really brought the class together.... I think they're a lot closer now, since doing that. Year 7 teacher, 2002*

The Year 8 team used the 'Understanding Mental Illness' module with their students, along with other resources. They added a film study of *A Beautiful Mind*, wrote poetry and invited guest speakers from external agencies.

*I found the actual books (from MindMatters) really, really helpful. You could stop there, if you didn't want to explore (further) ....I particularly learnt a lot from the guest speakers that came in as well and I think that really cemented the theory that we'd taken from the book. I really enjoyed it. Year 8 teacher, 2002*

It should be noted that this use of the resources by the Year 8 teachers was outside the original scope and sequence, as it was designed for more senior students. These teachers had access to their own copy of the Kit, and feeling that their students would respond to the module on mental illness, they decided to use it.

Health is a compulsory 'elective' unit in Years 9 and 10. It is elective in the sense that students can choose to complete it in either semester 1 or 2 in either Year 9 or 10. They must complete it by the end of Year 10. Health classes are taught to classes comprising students from both grades.

The Year 9 and 10 health program included the coverage of the the materials from 'Understanding Mental Illness' and 'Loss and Grief'. In relation to the latter, they placed particular emphasis on relationship breakdown and parental divorce. At the first subject evaluation the students were positive about the mental health material and requested more information.

*The kids absolutely love it, they really want to talk about it. Health teacher, 2002*

By the third visit in 2003, Year 7 teachers reported that they started using the Kit largely because the school and the health teacher encouraged them but that the decision to continue implementation was their own.

*Then we kept using it because we were pleased with the results. Staff, 2002*

At the same visit, the Year 9 and 10 elements of MindMatters appeared to be embedded and had been adopted by new staff to the school with apparent ease.

What changes were made during the first two years of the evaluation?

*We run a compulsory health program in Years 9 and 10, four hours a week it goes for, they do it as one whole semester in 9 and 10 and the main parts of the MindMatters project that we used in 9 and 10 are the 'Understanding Mental Illness' and 'Loss and Grief'. The 9's and 10's are together. Some classes are predominantly one year or the other and some are a bit more the next step. And the classes seem to work well and by the time we did them very late in the unit, the dynamics of the class were really good so ....(they) openly shared things with each other and the kids that were a little bit influential, I suppose, not allow people to feel comfortable about speaking, they were pretty much sorted out by the end. I found that quite good. I taught in the first semester, I didn't get to teach that component in the second semester but I made sure that it was taught by the others and I ran the other guys through the resources. They found the resources quite user-friendly, something that you just pick up and go with, which is good. Staff, 2003*

Staff indicated in 2003 a degree of surprise at students' willingness to talk about mental health issues and at their capacity to engage with and recall the information considered in class.

There was an increasing sense of acceptance of MindMatters units within the Health curriculum, largely based on the way that the material had connected with the students.

Other staff from the middle school expressed a continuing interest in using the material with a desire to review the timing and nature of delivery in non-health curriculum subjects, rather than treating it as a health topic in isolation.

*One thing that (name) and myself were commenting on was how this time we just did a lot of the MindMatters stuff in isolation and we feel that next time, or if we were to teach it again, we'd do it as a unit where we sort of identified throughout the year when these things were needed and teach them on a needs basis rather than just chuck them altogether. So it's probably just a few different strategies that we might want to think about. Staff, 2002*

### **Changes in pastoral curriculum**

Throughout the evaluation period, Coombes maintained the focus on pastoral curriculum that characterised the school from its inception. The adoption of MindMatters was seen as a support to this aspect of the school but was delivered essentially within the health curriculum and more incidentally through other curriculum areas.

### **Changes in other curriculum areas**

Some teachers noted that they found moments for value-added pastoral care within subject areas such as Science, English and Social Science where MindMatters type issues arose. Perhaps this indicates that their increased awareness of the issues and their developing knowledge of the MindMatters resource enabled them to take up additional teaching and learning opportunities to discuss mental health and mental illness issues.

One staff member noted that some attempts at integration into English were a mixed success.

*One thing I've really enjoyed seeing is a handful of kids in my class, is that this has given me the opportunity to see how deep they can think and how insightful a few of them are, ....But my class also had a hang-up on when I've tried to integrate things like metaphorical poems with a particular area of the MindMatters, it's not*

What changes were made during the first two years of the evaluation?

*been good. It's been really unsuccessful, I think, so hung up on the literacy component of it and the fact that things have got to rhyme or whatever that they've lost the feeling. Staff, 2002*

This staff member indicated that she would not recommend broad-brush integration of MindMatters across an entire year, noting in particular the differences between particular classes and the different competencies of teachers to deliver and integrate the material from MindMatters successfully with their other core subject.

## **5.2 Changes in policies**

As a result of the school's focus on bullying in the curriculum, a need was identified at the end of 2002 to develop a new school policy on bullying and harassment. The leading health teacher who was active in promoting MindMatters in 2002 was given time early in 2003 to work on this policy. A survey on bullying was implemented but teachers and students were not aware by the end of 2003 whether or not the new bullying policy had been finalised.

## **5.3 Changes in partnerships or relationships**

The close relationships with the local community and support agencies established in the early years of the school remained in place without significant change throughout the course of this study.

Between 2001 and 2002 a youth support centre moved to a venue further away from the school. This reduced casual drop-in by students but the centre maintains a close relationship with the school, including weekly visits and liaison with teachers and the school executive. The centre continued its provision of services for after-school hours and holidays. Despite the school's growth, the youth workers reported that there was little change in the school climate.

*They certainly still have a commitment to being flexible, to try new things with their students, and to look at the students as individuals. Youth worker, 2002*

## **5.4 Awareness of and reactions to changes**

### **Students' awareness or reactions**

Staff indicated that students showed a capacity to understand the issues that arise from the MindMatters material to a higher degree than they, the staff, had anticipated.

Some students disclosed or indicated awareness of mental illness through the experience of family members and felt sufficiently supported to talk about this in their classes.

*Some of my kids have relatives that do suffer from a mental illness and we didn't realise ... it was a really nice sort of sharing thing. Then they were able to accept it a lot more... It's been really helpful... Staff, 2002*

Another teacher used some 'Loss and Grief' materials with his class but found that the activities were not working well, until he combined this with a video which facilitated discussion. His class also enjoyed the mental illness material, actively researched mental illness and wanted to find ways of reaching out to others in the community. Another teacher reported that some of her students were very insightful and mature when addressing these topics.

What changes were made during the first two years of the evaluation?

*One thing I really enjoyed .... with a handful of kids in my class ... this has given me the opportunity to see how deep they can think and how insightful a few of them are. Staff, 2002*

Students expressed awareness of varying teacher competencies in engaging with this material and also noted the impact of having many classes taught by relief staff.

*Student: We had a lot of relief teachers.*

*Student: We did absolutely nothing because students in our class didn't cooperate. The majority of people in our class are boys, immature boys.*

*Student: I think it's better that we get taught it (about mental illness) at least once so that we know to be a bit more lenient and not to be so scared of it. Like a lot of people are a bit afraid of people with mental illness...and since...(it) probably won't be taught...in college or anything, I think it is a good idea. Students, 2002*

### **Staff awareness or reactions**

One teacher noted in the 2002 visit that he was aware of MindMatters being used in the Health curriculum but did not have enough knowledge about what elements were actually being covered in classes.

*In a global sense, ( I know about MindMatters at Coombes)...I don't actually know the specifics of what's happening exactly in each classroom but I know which year levels are doing what I suppose is the best way of putting it. In a global sense, yes I know that the Year 7's/Year 8's have been doing stuff and the 9's/10's part of the health unit they're doing things, but when it comes to actually each lesson...Staff, 2002*

In reality, there is no formal way in which any one person in this school could provide this information, as it is likely to vary from class to class, and individual teachers are purposefully given considerable freedom in their choice of teaching resources and approaches. Thus unintended duplication is likely to occur.

A number of stories and impressions from interviewees suggest the growth of awareness and acceptance of mental health issues in the school, although it is difficult to ascertain whether this is attributable to MindMatters, to other school programs, or to the school's supportive ethos and structure.



## 6 Sustainability of changes at the fourth visit in 2004

### 6.1 Changes made prior to the fourth visit

Three years after the first visit to Coombes High school, there is evidence that the pattern of use of MindMatters curriculum resources across Years 7 to 10 was more or less still being implemented although in some years the way in which it was used in 2005 was less rigorously in line with the original planning.

#### Use of 'Bullying' and 'Resilience' resources in the Middle School (Years 7 & 8)

Overall, the teachers in middle school are still aware of the resource and acknowledge their value.

*It has a fairly important role in the middle school as far as resilience and bullying and all that sort of stuff goes. Obviously every school has a fair bit of bullying where we sort of train people to handle that as much as possible and we're also trying to help reduce the bullies but also increase the resilience as far as they're able to cope with it, so MindMatters has an important role to play there. Staff 2004*

Due to the unavoidably high turnover of staff at the school, (see issues below) it is acknowledged however that the strong focus on MindMatters has diminished to some degree.

*At the moment I would think it's lost probably the profile it had when it was first introduced because of the change in personnel and that's one of the inherent dangers in any project of any program that's brought in. You'll have people who will bring it in and have their heads clearly around the whole content of it but really where it fits in the school program, will use it very effectively and bring other people on board during that time frame, but once you lose that driving impetus, I think you run the risk of losing the significance of the Kit. So this year, I think although elements of it have certainly been used, it probably doesn't have that driving force that it had with that initial engagement of (health coordinator who left in 2002). Executive staff, 2004*

Year 7 home room teachers reported that although the formal use of the Kit has reduced in 2004, elements of the resources remain useful:

*The Kit has been used; elements of the Kit have been used up til this year particularly within the Year 7 group in the middle school but it certainly has remained as a resource and is alive and useful in that way. It has actually worked for us and in the framework that we've developed for the middle school we have used MindMatters for Health and Wellbeing built in right through the middle school so elements of the Kit and the knowledge there are always going to be relevant.*

Evidence emerged that certain MindMatters resources have become incorporated into everyday teaching approaches. Teaching techniques and resources are then used as needed to complement teaching topics, rather than as a starting point in their own right.

*I was here, my first year, when they first introduced MindMatters for Year 7. I used it a lot in the first year and in the second year. I'd get the books out and use activities and photocopy a lot of the activities and used it. With the kids we had some really interesting discussions. This year we did an entire term on the health*

*unit, so we looked at peer pressure and how it affects kids into smoking and drugs and that went on to talking about drugs and eating disorders and all that stuff, which I hadn't done in previous years and because I've used MindMatters in the previous two years, I didn't get the book back out and use the exact same activities but a lot of it was from prior knowledge. Staff 2004*

Another teacher agreed that her class was focussing more on the broader issues like peer pressure rather than on bullying per se, but that the issue of bullying was still covered.

*No. We didn't look at bullying specifically, we just looked at how people would feel or how you would feel put in that situation and that peer pressure which is bullying. So we spoke more of it as peer pressure rather than bullying. Staff 2004*

One reason for the Year 7 teachers focussing less specifically on bullying was that this topic (and the MindMatters resources) had begun to be addressed in Year 6.

*There's one direction that we're going, it seems to be that the bullying and Resilience education has very much moved into Year 6, so one of the directions that we (are) definitely heading is making sure that we get some teachers trained next year. The Grade 6 kids definitely need it and that's why they've moved it into there, so it's important for us to have teachers trained. Staff 2004*

#### **Use of MindMatters curriculum resources in the senior school (Years 9 & 10)**

The integration of the 'Understanding Mental Illness' resources in the senior school was well entrenched at the fourth visit in 2004.

*And in the senior school we sort of... I mean we're trying to sort of use MindMatters to try and break down the stigma about mental illness and that sort of thing. So the main units we concentrate on MindMatters in senior school is 'Loss and Grief' and 'Understanding Mental Illness'.*

This sustained use was despite the fact that the turnover of teachers affected the senior school as much as the middle school.

*It's hung for another year. We've got different teachers teaching it and it was very timely actually, I actually got to go into a class - I had to get a teacher to do a favour for me so I had to teach a class and he was right in the middle of the 'Understanding Mental Illness', so it was really good. Senior teacher 2004*

Despite the fact that the senior health teacher who originally mapped the 'Understanding Mental Illness' unit into the senior health curriculum had left, new staff remained committed to continue teaching the unit.

*When I came it was already part of the 9/10 curriculum that (the previous senior health teacher) had set-up. I'm not sure what his reasons were for putting it in there. Certainly when we did a revamp of the curriculum this year, we valued it and thought that definitely should be a part of it and that was regardless of whether we were part of the evaluation or not. We were really happy with the impact that it had had over maybe the last couple of years. Senior teacher 2004*

Discussions with the health teachers who taught 'Understanding Mental Illness' were extremely positive. Nevertheless one teacher warned that ongoing commitment to including this unit was vulnerable to being replaced by later 'fad' health issues.

*I suppose being a little bit cynical; we'll wait until the next big thing comes through, you know, the big push, of what's going to be. And so this will stay as part of our curriculum. It may be not as major now, but it is also part of our curriculum so it is valuable; but next year or the year after when they push whatever, then a new-fangled Kit's going to come in, 'hey guys you need to trial this' or whatever.  
Staff 2004*

## **6.2 Access to general practitioners**

The issue of the school's relationship with general practitioners was raised for the first time at the fourth visit. It appears that the school has little contact with general practitioners and that the school's use of MindMatters has not had any impact on this practice. This is not surprising since at this school, the value of MindMatters was seen as providing a set of curriculum resources that complemented the school's very student-oriented ethos.

*No, not directly. We do send kids to Family Planning, because there's a family planning place, so if there's any need for that sort of thing, we have a bit of a relationship with Family Planning but not with general practitioners in the local area.*



## 7 What issues did this school face during the implementation?

### 7.1 Issues that helped

#### Positive professional development

Staff attended professional development for MindMatters over the course of the study: two in 2001, two in 2002 and one in 2003. The School Counsellor and the Executive teacher from the Health Promoting School Committee attended the professional development (PD) session approximately one year before the evaluation team first visited the school. The PD increased their confidence in addressing mental health as part of their health curriculum, so they encouraged teachers to use the material as a resource when addressing relevant topics.

One staff member had attended MindMatters training prior to being transferred to Coombes High. His comments reflect the value of this training in embedding MindMatters into the school:

*Beyond the straightforward content in curriculum and delivering the curriculum, it's also in the training, teachers are more equipped to deal with pastoral care and mental health issues and relationship building with the kids and things and as a result that fosters good health across the school basically. So I got a lot out of the training as far as how I relate to kids. It opened my eyes as to awareness of what some kids are going through and I think the more staff that are aware of it and do go through the training, I think the overall wellbeing of the school could only benefit from it. So even though it's useful to do the training and the Kit is a very useful curriculum tool, having people that have that knowledge and expertise in the school fosters a very healthy environment in the school. Staff, 2003*

During the period of the evaluation, the school undertook a range of other professional development activities which related to mental health. The health teacher attended training in suicide prevention and intervention and the school counsellor offered professional development for staff regarding gender/sexuality, equity and the use of language - particularly as the term 'gay' was becoming a general tool for harassment among students, irrespective of their sexual preference. Further staff development included a whole staff training on creating a positive classroom climate.

#### Positive staff attitudes or reactions

Some teachers reported that they started using the Kit largely because the school and the health teacher encouraged them but that the decision to continue implementation was their own.

*Then we kept using it because we were pleased with the results. Year 7 teacher, 2002*

In general, staff were confident that the implementation of MindMatters would continue at this school and that the Kit of resources was seen a useful and valuable tool. Even in the event of the departure of some key staff, it was thought that MindMatters would continue to be used because it had become embedded into the health curriculum and a number of staff members were now using and/or supporting it in that curriculum area in particular but also in other curriculum areas as they determined appropriate.

While it is clear that Coombes focussed on the curriculum elements of MindMatters more than the school ethos and partnerships, issues of ethos and partnerships appeared to have been addressed to a significant degree prior to the adoption of MindMatters. To a great extent, working in this environment may have ensured that staff were receptive to the ideas underlying the MindMatters curriculum.

Students noted the helpful pastoral nature of the staff at Coombes:

*Student: I don't know about everyone else, but with me myself, ... and I'm not doing very good at school. At the old school, the teachers would be like talking about your work sort of thing, but this one, if I'm upset at this school and not doing good work the teachers actually ask if I'm alright, like my personal things. They ask me that first and not like getting angry about your work and stuff. They actually care about you sort of thing.*

*Student: You can also find a teacher more easily here. Like they're usually either in the workroom or a different classroom but at a normal high school you (have to look right around the school) if you wanted to find a particular teacher. Students, 2001*

### **Helpful leadership**

Staff identified a number of key people who supported them in the implementation of MindMatters. The characteristics they identified as helpful in these people were: their availability at point of need; their deep knowledge of the resource; and a capacity to allow staff time to engage with the program and choose their own level of integration into the classroom program.

The small size of the bureaucracy at Coombes was seen as supportive of the building of teaching teams across year groups who could meet and support each other in adopting the MindMatters program by sharing their experiences of and ideas about implementation and incidental review.

The staff selected to teach primarily in the Health area were carefully selected with an eye to their high level of skill in teaching curriculum materials described as 'sensitive'. Their leadership in the adoption was seen as significant. The loss of one of the leaders from this curriculum area early in 2003 was noted as a significant loss to the school.

### **Previous experience of innovation**

As has been previously highlighted, Coombes High itself is an experiment in innovation within the state in which it is located. Indeed, it is the focus of a great deal of interest from outside observers. This history ensured a level of 'readiness' by members of the school executive and by the teachers themselves for the adoption of MindMatters into the curriculum on a trial basis. A specific example of this innovation creating a supportive setting for MindMatters can be seen in the school's efforts to map the elements of health that were being taught in the K to 10 curriculum. The fact that this exercise was occurring at the same time that the school was considering the uptake of MindMatters was serendipitous.

A further example is seen in the existence within Coombes of a climate in which teachers are given both responsibility for teaching along with considerable freedom to experiment with innovative and alternative resources and pedagogies. While the themes of MindMatters were introduced to teams of teachers as desirable, the teachers themselves were left to decide what material from the MindMatters resources they incorporated in to their teaching and the timing with which they were used. Such approaches may run the risk that teachers might

ignore the use of resources altogether. On the other hand, those who choose to integrate the resources into their teaching do so with a great deal of ownership.

### **Availability of resources**

Money given to the school to support the evaluation process was made available to those planning and implementing MindMatters to facilitate the adoption in ways that they saw fit. These funds were controlled by the health teacher and were not added to general revenue. One use of these funds was to support two staff to attend Professional Development in 2002.

After the school received the initial MindMatters Kit, two additional copies were purchased, one each for the Year 7 and 8 teaching teams. The original Kit became dedicated to Years 9 and 10 and stayed primarily within the Health teachers' home room.

Staff also noted that there was support for the MindMatters initiative from the librarian, who had budgeted for and purchased an increased range of books and other resources to support the program.

### **Availability of outside help**

The counsellor and external agencies provided a constant and considerable source of support to the adoption of MindMatters throughout the time of this study. The counsellor's support for implementation was largely through the provision of in-house training and feedback to staff about mental health issues. The youth service provided a very accessible source of practical support for students with high levels of need for such support.

### **Usefulness or suitability of MindMatters**

Staff in this school had previous experience of working in a 'Health Promoting School' (HPS) environment. This was a significant factor in that they could recognise the potential value of MindMatters as they could see that the underlying principles of HPS had been used by the writers of the program. This helped in forming a positive orientation towards the resources.

On the whole the staff who had engaged with the MindMatters curriculum materials commented very positively on them. Staff also reported a high level of student engagement with these new elements and indicated that they considered the resources both useful and suitable for use at Coombes. As one group of teachers discussed:

*Staff: Each semester we do just an evaluation of the kids and get some feedback from them and you get feedback as you go as well. You can tell the kids actually like doing this stuff. And part of it is our teaching strategies but the reality is, I think, that we're dealing with issues that are relevant to young people. They want to deal with it don't they?*

*Staff: Definitely. Definitely. I think so. I also think too that at the very beginning when you're talking and introducing the whole topic and you hear their fears and what they think about it. You know, if at the end of the period at the time you can go back and say, so now what do you think and they can give you a positive statement out of it, then obviously we're doing something right.*

Several staff members commented on the usefulness of the MindMatters videos and appreciation of the freshness of the language in the Kit, such as 'Mope, hope, or cope,' that engaged students.

The school did not use the audits or checklists provided in MindMatters. Some felt that the audits offered in the package did not accommodate the school's autonomy and alternative structure. However it was felt that an audit might be useful in a future review of relevant school policies.

### **Positive school ethos**

As has been previously highlighted, Coombes High was, at baseline, a school in which positive support for student wellbeing was very evident in the design of the school, support structures, teaching arrangements and through a range of policies.

Despite the high turnover of staff at the end of 2001 and 2002, and the increasing pressure of expansion at Coombes over the period of the evaluation, the climate of the school remained fairly positive.

*Some of the students don't know each other any more ... but I still find the Year 9's and 10's are quite nurturing of our little kids ... As a general rule it (the school) still has that pastoral care kind of nature. Staff, 2002*

The positive school ethos and high level of connection with the school evident at each visit to the school clearly supported the implementation of the MindMatters program.

### **Good staff communication**

During 2002 staff reported that there were a number of incidents over a short period in which members of the school community had personal experiences of loss, through accidents and suicide. One key staff member responsible for implementation and support for staff teaching MindMatters indicated that many staff and students chose to talk with him or others about their feelings and that there was some supportive classroom discussion. It was implied that this was a change from previous experience at Coombes and other schools.

Community members noted the high level of communication between staff and their openness and flexibility. The opportunity for incidental discussion in the central staffroom was considered by one staff member as an environmental factor that enabled high-level staff communication, early in the implementation of MindMatters.

Similarly, the team approach to timetabling and planning provided many opportunities for staff to share their ideas about planning and implementation of MindMatters.

*But the thing about the team approach is that you can talk to each other. 'How do you find doing that?' 'Oh my kids are so ratty, it didn't work' ..... 'Oh no my kids thought it was great'. Staff, 2002*

The concern about the growth of staff numbers and an inevitable decline in the level of communication in the foreseeable future was raised by one staff member.

*I mean the time has been coming up for three years now and the first year I was here everybody knew everybody else and knew what everybody else was teaching almost. Everybody was in one staffroom together. It was small enough that that could happen and if you said, 'well what are we going to teach these kids in Soc', which is one of my curriculum areas, for example, I'd go to the staff member that taught them last year, 'What did you do last year? I just want to make sure I'm*

What issues did this school face during the implementation?

*not going to teach them anything that you've done last year'. Well the bigger you get you just can't operate like that. Staff, 2002*

### **Participation in MindMatters evaluation**

The participation in this evaluation was considered as a useful impetus to ensure the ongoing engagement of staff at Coombes and continuing observation by staff. The process of participating in the interviews drew several comments from staff who saw those moments as opportunities for review and self evaluation. The engagement in the evaluation also gave some weight to requests by coordinators of the program that staff engage with the materials and plan for implementation in Year 7 and 8 classes.

As previously mentioned, the funds provided to the school for their participation in the evaluation were channelled back into supporting the implementation of MindMatters.

## **7.2 Issues that hindered**

### **Inadequate professional development**

As mentioned, the Counsellor and one of the executive teachers attended training in 2001. However it was considered in hindsight that it may have been preferable for those who would be doing more teaching (rather than those in administration or support services) to have attended the professional development. (Indeed, subsequently two teachers attended the training in 2002).

One teacher vital to the implementation MindMatters did not attend professional development until quite late in the course of this study. The presented problems:

*Yeah. No one's trained. Big gap. In fact I'm not trained and I'm supposed to be coordinating this stuff. I'm drawing on my own personal experience at working as a youth worker with kids and mental health related issues. But certainly, something that came out of that refresher course was a big need for the training and development. There were a number of people there who were there at, just like me, who hadn't done the two-day thing earlier. So certainly there would be a need... and it was also things like referral sources. No-one seemed to know where can we get help... Or there was an issue with resourcing or something but certainly there seemed to be quite a big need there. And a lot of people were happy to verbalise that and they were sort of articulating that 'Hey we need some training on this stuff.' Staff, 2001*

There appeared to be a growing realisation over the time of this study that staff would have benefited from earlier training and development in this area and, in particular, better targeted training for those who were to have had a considerable role in using the curriculum materials.

Staff also noted an oversight in that no whole-school in-service about MindMatters had been provided. There appeared to be a growing realisation that all staff would benefit from a basic level of training in mental health awareness:

*...because all teachers are responsible for the wellbeing of their students.  
Staff, 2002.*

### **Negative staff attitudes or reactions**

While there was very limited negativity about MindMatters as such, some teachers were concerned about their own personal lack of confidence and lack of knowledge in mental health. Some expressed distaste for the highly interactive methodology called for in much of the curriculum material. The differences in perceived competence and confidence between staff members was described in this way by three staff members:

*Staff 1: I think it's easier for some of the primary trained people to go with this sort of stuff because some of the other high school teachers, who've just had their subject area, find it pretty....'Oh I don't even want to go there.'*

*Staff 2: You've got a couple of teachers who are in the year (level) team who are both science trained secondary teachers and it's one thing you can get your head around teaching in the middle school where you're required to teach the stuff you're not trained in, you know, but then to extend that to do this touchy feely stuff that maybe they've never had to do before.*

*Staff 3: That's one of the tricky things about this unit though, while using this stuff is, if stuff does come up it can get pretty tricky and there are teachers that you know wouldn't feel comfortable dealing with any of this.*

*Staff, 2002*

Despite this resistance and level of uncertainty identified by staff about the colleagues one teacher noted:

*I've encountered very little resistance...I think most teachers have accepted that mental health is a very important issue and needs to be treated. Kids need to be aware of it and they need to know about it and they need to know how to deal with mental health issues because everybody's going to have some contact with mental health issues and I think our staff are all accepting of that and as a result of taking it on board...And I envisage that when I put up expressions of interest of the people who want to do the training next year, I think I'll have a very good response. Staff, 2003*

Another factor that appeared to impact on teachers' comfort with teaching MindMatters material was the interplay between the school curriculum and events such as death and illness in the school or parent community. Awareness about death and illness was seen as a factor that disturbed teacher's willingness to teach and decision making about the timing of delivery of MindMatters type units of work.

*I also can see that teachers (are) hesitating now that we've had the death of a parent or the death of some other people at the school, as in family members that they may be a bit more cautious about what they do because when most of it was happening it hadn't really occurred yet. Staff, 2003*

### **Impact of school growth**

Teachers noted that the considerable growth in the enrolment had impacted upon the structure and functioning of staff teams, and on the number and closeness of relationships within the school and with other agencies.

What issues did this school face during the implementation?

*As the school grows you don't have the ability to build as many relationships.  
Community representative, 2002*

Local community representatives identified a significant lack of mental health resources, particularly for young people who fall out of the school network or in the period after they leave school. They also noted the negative impact of the growing population on the community aspect of the school:

*I remember when they only had Year 6, 7, and 8 students. We knew everyone. You know, it was very much you knew all the teachers, you knew all the students and families and things like that. Whereas now, sometimes on a Thursday we can go there and walk through the playground and go, have you ever seen that kid before? No. You know. So obviously as the school's growing you don't have as many, the ability to build as many relationships and I think as a school, I'm not sure how they work in with class sizes or, I assume that they've got more teachers and more things but...And I think that makes it, I mean we're doing some party safe stuff with all the Year 10's tomorrow and that's working with - there's 90 of them so that's a huge group. I mean we're going to break it up into three groups but I suppose in the past when we've done things like that where the groups have been smaller, you can actually perhaps achieve a bit more.*

*Community member 2002*

Students themselves identified a strain on resources as the school continues to grow. They particularly identified limited access to the library as a source of stress impacting on their capacity to get work done on time:

*Everything's always booked out, like you can never get into the library because another class has got it booked out...and that's pretty annoying because you can't get your work done. Then your teacher goes 'Okay you can't get it done.'*

*Student 2001*

Similarly, staff identified the pressure of growth in the school noting that it had a negative impact on the capacity of staff to mentor students and for older students to mentor younger students in any organised way.

*That's one of the things that we've really lost as the senior site's grown bigger...an organised form of mentoring. It's happening ad hoc and by teacher interest.*

*Staff 2002*

The size of the school and the pressure on space for kids to recreate at recess and lunch was seen as a growing problem as was the staffing and configuration of playground duty supervision.

Finally, the pressure of population growth on the middle school model itself was identified:

*Staff 1: Certainly there's a lot of energy and enthusiasm among the staff and that's possibly because it's quite a young staff but I think we're now faced with a lot of pressures. We're getting bigger very rapidly and there's a huge strain on resources and that's becoming a stressful situation and we're sort of competing for resources and a couple of years ago everybody was in the one staff workroom together. Now we're starting to separate and as the senior school gets bigger and there are other issues and needs now, whereas the real schooling concept isn't going to fulfil the needs of kids in the senior year. And there's a bit of anxiety*

*amongst, particularly amongst senior staff about that when the school's philosophy and ethos is middle schooling. So at the moment we're actually doing the evaluation on that and looking at what can we do about that? It stays within the school's umbrella ethos but also manages to meet the needs of those kids. So that means some stuff on stress.*

*Staff 2: Yeah certainly. I would totally agree. I think that some of the staff feel that they're very much in limbo. They don't kind of fit into the middle school part and they're not a high school either so the idea of not knowing exactly where you fit and what you're supposed to be doing can, I think, probably is causing quite a lot of stress in that respect.*

Staff also raised concerns about the capacity of structures to continue to enable good communication as the school size increased. The team planning, team teaching, team timetabling and incidental team meetings that had occurred in a shared staffroom were seen as under threat with a need to adapt and formalise structures foreshadowed for the near future.

By the third visit it was apparent that this pressure was building and that staff who were involved in the early implementation of MindMatters and had supported their fellow staff were increasingly removed from contact with the program and staff:

*In the past I've actually gotten into the classroom with some lessons and that sort of thing whereas this year I haven't. So I'm not as aware exactly what's been happening other than when I walk through a workroom and see the teacher playing or someone's asked me to walk them through because I know I was meant to be going through the Year 7 rooms this term to do something but it just didn't happen. Because I know when I talked to the teachers I said, 'I don't have time to plug it in now. Tell them a week beforehand and open up my diary' and it's like I've got in here I'm going to be doing this today. I mean their lives are just getting so hectic as well. Staff, 2003*

### **Pressure on curriculum**

This increase in the sense of pressure on teachers impacted at least in part on the planning and the delivery of curriculum.

*I tried to start 'Loss and Grief' and just (had) too many interruptions. So...lesson learnt, next time. If I'm here next year it'd probably be before I do the 'Mental Health'. But I don't know if they would have got anything out of 'Loss and Grief'. There were just too many interruptions. The suit man's here, everyone's got to go. 'Oh could all the people doing the stage production go here' and you're losing half of it with interruptions, and (it) didn't work well. So I can't say I've done 'Loss and Grief'. I tried to and then it got pulled up. Staff, 2003*

### **Changes of staff**

The issue of changes in teaching staff is an ongoing difficulty at Coombes. It arises in part due to rotation policies of the state authority and partly due to the nature of it being an expanding school. While there is an induction process in place to minimise the impact of teacher change this is still seen as a significant destabilising factor at the school. Staff noted

that the process of adapting to the school and understanding the environment of middle school appeared to take staff as long as three school terms.

In the year 2002 Coombes lost eight classroom teachers who had been at the school for only three years.

Staff clearly identified that this issue had negatively impacted on the implementation of MindMatters at Coombes. Amongst those who left the school in that year were staff identified as 'good teachers' who had been significant players in the initial implementation of MindMatters. The high level of change led to such a high level of instability of leadership for this initiative that one staff member indicated that staff were uncertain about where to seek help and who to seek help from. Similarly, the responsibility for undertaking curriculum and policy audits appeared to be unstable:

*Because I know (staff member) was doing an audit on the policies and that sort of stuff. But I actually don't know what's happened with that since then. Probably sitting there. Because the school itself has had a fair bit of (staff) movement one of our deputies has gone, we've got acting, acting teachers. It's been a bit of a flux. These are all little things that come together I suppose. Staff, 2003*

The loss to the school mid-way during 2003 of the senior Health teacher who had been driving the move towards inclusion of mental health in the curriculum (and therefore a prime promoter of MindMatters) may have resulted in a lack of leadership in this area. Certainly, during 2003, implementation of MindMatters in the school appeared to be a maintenance approach and little further planning and review was being undertaken.

### **Change fatigue**

Staff indicated that the level of change and adaptability required of staff at Coombes was high. They attributed this to the newness of the school but also indicated that there were varying degrees of comfort with that level of change and that this hindered the acceptance of MindMatters and its implementation:

*Not all staff are actually flexible or bendable in a sense. Like when you're actually making those big changes, you need the people who are quite adaptable. Some people, it's just not naturally something that they're you know, some people deal with that...(others don't). Staff, 2002*

### **Environmental limitations**

The difficulties encountered as a result of an expanding enrolment appeared to have a significant impact on staff morale and student pride.

Students identified the lack of air-conditioning in the portable buildings along with heating and cooling issues throughout the entire school as an issue affecting their experience of Coombes in a negative way. They articulated that they sensed a lack of planning by the designers of the school to take account of student needs. They indicated that, in their time at the school, there was an increasing need for movement around the school for the senior students and that less subject integration was occurring as the physical and timetable requirements were forcing teachers into classrooms where they had to do more 'normal' subject based classes. Students noted frequent overcrowding and staff agreed, indicating that while class groupings of 20 were the norm there were frequent team teaching situations where 40 students would work together in a normal classroom space. By the 2002 visit the separation of the staff common room into a senior and junior staffroom on different levels of the building was identified as a factor reducing staff interaction. The timetabling needs meant that a common recess was lost and as one teacher noted:

*...well we've had less access to each other. Socially within the school there's a much bigger divide now. There's a definite middle school / senior school staff separated. There are a couple of staff that teach across both, like specialist teachers - IT and PE or whatever, but generally that's all. In fact, there are some middle school teachers....some of our senior staff certainly wouldn't know who they are. Well, they'd know their name but they don't know them at all. And the same could be said for the other way around. Staff, 2002*

### **Perceived failure to implement or enforce policy**

Staff identified a divide between the adoption of policy at a philosophical level and the implementation and enforcement of that policy at a practical level. In particular, the bullying and harassment policy was mentioned:

*I suppose the school pushes that no harassment, no bullying that sort of thing, but actually enforcing it is often really difficult. There's often that low level of tolerance of everyone putting up with....but you know what I mean? That low level constant bullying and harassment and that's what I get complaints of a lot is that 'He's always saying this to me' or 'She's always doing that to me'. And I suppose that's where this comment I get from students 'I told the teacher, she tells him or whatever, but he does it again tomorrow'. I mean it's not effective, it's not long-lasting. We have the process of harassment officers, we have, I mean, (staff member) is quite strong about certain things but sometimes the students don't see it follow through. It doesn't seem to have the desired effect they want I suppose. Staff, 2002*

Staff reported that students frequently indicated that they felt like nothing has happened to people they reported for harassment. Staff agreed that physical blowups and high level incidents where parents were brought in were public in a way that the staff and students could see that an incident was being dealt with in accordance with policy. However staff and students indicated that the ongoing low violence but constant verbal and sexual harassment was not being managed in way that signalled clearly to the community that such behaviour was unacceptable.

One teacher indicated the difficulty of responding to student reports of ongoing harassment:

*It's still happening, it's going on and this is where we have had some difficulties is that an issue's gone to the harassment officer, it's been dealt with at that level then a day or two later, a week later, the same behaviour happens with the people again but we don't hear about it until it's blown up and really quite large. Where we've asked them to come back and tell us if it's happening or continuing we need to know, we miss that step sometimes, because we get that why bother coming back and nothing happened and nothing changed. Staff, 2002*

While one informant indicated early in 2003 in a telephone contact with the school that the school was reviewing policies and procedures in relation to bullying, teachers interviewed late in 2003 were not aware of any outcome of this process.

It could be questioned whether the perception by students that the school does not follow through on incidents of bullying is accurate. There may be activity that complainants are not aware of and, given the stated position of the school executive and the counsellor, this is likely to be the case. Nevertheless, such perceptions may be a barrier to successful uptake

of the types of strategies advocated by the MindMatters resources in the 'Bullying and Harassment' materials.

### **7.3 Staff reaction to introduced change**

Staff indicated a range of reactions to MindMatters. These indicated significant differences between staff in their experience of training and resulted in a variation in commitment to delivery of MindMatters material.

Fewer staff in Years 9 and 10 were actually engaged in the delivery of MindMatters material which was delivered through the health curriculum by more specialised health trained staff. These health staff generally claimed that the MindMatters material was highly useful and their adoption and implementation of it had been a positive experience in terms of their own teaching and in terms of student reception to both content and methodology.

In the Year 7 and 8 staff, there appeared to be a greater range of responses. Some of the 7/8 staff who valued the curriculum materials and concepts indicated that they had generated a high level of interaction amongst students and lead to insightful discussion and observations. Other Year 7/8 staff appear to have avoided using the materials claiming that they were age inappropriate.

### **7.4 Incidental issues arising during the evaluation**

#### **Natural disasters**

Coombes is located in an area where a natural disaster either threatened or actually affected members of the community, toward the end of 2002. This reality impacted on both staff and students in a way that one staff member described as an 'underlying current' of tiredness and distress. The timing of the disaster meant significant changes in the commencement of the school year for 2003 and a generalised level of anxiety in the entire community that staff indicated had continued throughout the entire school year.

Staff indicated a perception that student relationships were more brittle than in previous years, and that they observed more friendship group problems that appeared to last longer than in previous years. Parent programs that had run in previous years were not run in 2003. Similarly, some extra curricular opportunities for students were abandoned as staff confronted significant lowering of their physical and mental capacity to provide additional time and resources for their students. As one staff member expressed it:

*I just knew physically I couldn't do it. It's kind of like I won't finish if I try and do that as well. Staff, 2003*



## 8 Issues identified at the fourth visit

Many of the issues that influenced the implementation of MindMatters at Coombes High during the first two years were still evident at the fourth visit at the end of 2004. Some new issues had emerged.

### Positive staff attitudes

Much of the responsibility for ongoing utilisation of MindMatters rests with those teachers who have decided to continue using the resources. In particular, at this school teachers who used the 'Understanding Mental Illness' and 'Loss and Grief' resources were very positively disposed towards doing so and saw it as a legitimate part of their roles.

*I've just accepted it as being - having done the MindMatters training, I've just accepted it as part of the role of the Health teacher because it's important. I mean loss and grief affects health - how well you deal with it affects your health. It directly affects your mental health but it can affect your physical health as a result because it can change everything that you do. Staff 2004*

Further, the presence of primary trained teachers in middle schools is seen as a supportive issue, in that teachers are accepting of their caring role as homeroom teachers and also due to their previous experience of using eclectic resources for their teaching.

*And that's coming from the primary school background that I have and knowing the kids and I'm more flexible in the things that I do as well. I'm more flexible with the kids because I know, because of the primary school background, you know some kids are going to move on a lot faster. And things like that and you deal with that on a day-to-day basis, but I think as a high school teacher, some teachers just want to teach their subject area and this is how it's taught and that's all I'm going to do. And I don't think that's always the best way. Personally I like the challenge, I love the challenge. (Staff, 2004*

### Positive school ethos

The fact that the school is seen as an innovative model for the 'middle school' approach, supports the uptake and implementation of programs such as MindMatters, and MindMatters in turn complements the middle school approach.

*I think it says that we have a high demand of people, that we've really gone well beyond that are you good at English or are you good at Maths, content delivery. I mean we say now, in a way, we say that you're responsible for not only curriculum development in that particular set of areas so we're looking for multiple expertise people, but we're looking for people who can really drive that student connectedness and looking for people who can manage, not welfare in the conventional school setting. So that idea of perhaps the whole process coming before a content area tends to be different and tends to be challenging for people. Executive staff, 2004*

Also the middle school ethos leads to classroom environments that enables open discussion of wide-ranging topics to flow more easily than it might in a standard school where home room teachers may not know their class very well:

*The thing is like when they have that relationship with us they know they can trust us. They're quite happy to have very open conversations with us and the class*

*because they know the class that they're in; particularly with the Health unit, we recently spoke about eating disorders and one girl put her hand up and said I had one last year, another one started crying, 'I think I've got an eating disorder', those types of things. I think in a normal school, that they wouldn't be comfortable or confident. Senior teacher 2004*

### **Changes of staff**

During the third year of the evaluation, the school experienced the retirement of the foundation principal who had shown great leadership in the creation of the middle school concept at Coombes High. In the first instance this created a certain temporary hiatus of leadership while the school was in transition until the newly appointed principal took up his appointment.

*(The principal) left four weeks into the end of last term, term 3. So he would have left some time in early September. (Name) is Acting Principal at the moment. She was Deputy of the senior school. We have a new Principal starting next year. He's another Principal with a primary background, given that it's a K-10 school. I'm Acting Deputy in the senior school at the moment. (Name) is Deputy in the middle school and he's got a bad back so he's not doing Deputy at the moment. (Name) is Deputy until the end of the year while (Name) gets his back better. Executive staff 2004*

One of the immediate impacts of this leadership change was a perception that the school needed to formalise its policies, many of which had not been formally documented previously.

*It's more or less the same, except there were a few things that we sort of realised that we needed to tighten up. I mean the school started as a very small school and it's grown very rapidly and so a lot of people that have been here since the beginning have still got that small school mentality and the kids, a lot of the time, still have that small school mentality and a lot of procedures and that, that were first followed, a lot of them were just like gentleman's agreement type things and now it all has to be put down in writing and there has to be concrete policies because everything will be tested. Executive staff 2004*

Teachers at the fourth visit expressed some concern that the change in principal would have a negative impact on certain vulnerable students.

*The students that are vulnerable as far as being unsettled, they don't adapt to a lot of change. I guess some of them are struggling a little bit. The good thing is that the people that have moved into positions, at least in a short term, have been people that are within the school and that's been good for the kids. The kids haven't had too many problems with me coming up into this position because I've worked with the 9/10s down in the workroom anyway. It's just working with them at a slightly different level. So that's been pretty good. The kids are used to (the principal) being sort of part of the furniture, so a few of them have problems with handling that a little bit. But that's probably had an effect on some of the more vulnerable kids. Executive staff 2004*

The change in principal also has had an unsettling effect on some staff.

*Because basically we're kind of in a bit of a limbo stage at the moment. We've got all our actors in, which are people that have already been in the school and worked under their previous structure and then there's a new Principal coming in and there's always rumours about what the new Principal's like, what his expectations are, there's a little bit of apprehension from some people and other people are saying, just bring it on and see what happens. But I know there are some people that are quite nervous about it. Executive staff 2004*

### **Staff and student turnover**

The school continues to suffer the effects of the state government policy of rotating beginning teachers after they have been at a school for three years.

*Because the (state) has a rotation policy for new teachers, we had 25 out of the 60 staff had been rotated at the end of last year, so that was massive. I mean a combination of people who had been here for quite some time and wanting to leave but there was probably at least 18 or 20 that were forced to leave. Executive staff 2004*

One consequence of this that has already been mentioned has been a loss of profile for MindMatters in Years 7 and 8. One Year 7 teacher expressed her desire to be trained so she could use the resource more comprehensively.

*I think I probably need maybe a bit more of an in-service on it, on how else to use it, and how to implement it and everything that you do in the classroom to help out with the kids. It's not just looking at peer pressure, because you're not always going to do a health unit, so where else do you fit that into the curriculum? It probably would have made it easier to have a half-day or whatever to go back through all the books and have some of the activities. Staff 2004*

At the time of the fourth visit in December 2004, the school was intending to send more Year 7 and 8 teachers to MindMatters training in 2005 and subsequent follow-up with the school indicates that this did indeed occur.

Student turnover has also been an ongoing issue at this school and continues to have an impact in terms of the changing makeup of home groups.

*Student population is very fluid because we have a lot of defence force people out this way and it was really interesting in the surveys that a lot of the kids that had done surveys from previous years were no longer at the school but our numbers have risen. We've lost a lot of kids but we've gained more than we lost and I was a little bit concerned that while we're losing lots of kids, but the majority of them are actually moving away (with their families). Executive staff 2004*

### **School growth**

This continues to impact on the school as resources, such as the number of classrooms, the library etc, are over-stretched. This situation was likely to be ameliorated in 2005.

*We're a 6 to 10. It's well over 800 now. It's probably around the 850 mark. We're expecting a little bit of a drop next year because (nearby) school had opened and it's opening a middle school next year and so the kids that live over in*

*(that suburb) or on the other side of (place name) are able to enrol there. So we're probably moving a class in Year 6, a class in Year 7, and a class in Year 8. Executive staff 2004*

### **Usefulness of MindMatters as a resource for new teachers in a middle school**

One teacher who was new to a middle school setting found the MindMatters resources were very useful for her in planning her lessons.

*As a beginning teacher, it's been really useful because I haven't taught this age group. It's good because I could pick it up and flick through and find...if I'm not sure what I'm going to do the next day I could pick it up and get an activity out and prepare it and photocopy it and it's there. Staff 2004*

### **Access to Kits**

One issue that had changed from the third to fourth visit was the availability of Kits to the Year 7 and 8 teachers. Whereas previously the Kit had been placed in their workroom, it was later relocated to the library, presumably to allow access to a wider group of teachers.

*Yes. In the previous two years I found it much easier because it was just sitting on a desk in the workroom, whereas this year it's been in the library and sometimes other people have got it out so it's a little bit difficult when it comes to borrowing it out. It made it much easier when it was just sitting there, so sometimes when you're not sure when you may have a spare moment, which isn't often, to get it out and have a flick through and see what you can include in that. I found it quite useful but I think I would have liked it a bit more as a beginning teacher as well, to be able to implement it in ... Staff 2004*

### **Further school change**

In 2005, the school was intending to introduce certain changes that mainly affected Year 8. These changes were designed to address the observation that students in Year 8 were finding the transition to the senior school quite problematic, and also the feedback from Year 8 students that they found the middle school approaches were not challenging enough for them, and in particular their desire to have more contact with different teachers.

*Yeah, they spend a lot of time with that home teacher and they have English and they have what's called the Integrated Unit, they have Maths groups but they spend 18 hours a week with the one teacher basically unless the teacher does some backfilling to the senior school. So basically what we're doing for next year, is we're moving it along a little bit in Year 8. We have the same sort of model in Year 6 and 7 but in Year 8, instead of having the one home room teacher, we're having a maths/science home room teacher and a more humanities based home room teacher so that they get more science, for a start, and they'll be having more specialist people in that area to cope with the sort of increase we get in Year 8. And also there's a transition to 9 and 10 because a lot of people know that at this school the transition between 5 and 6 is really nice but the adaptation problems come in between Year 8 and 9 and my experience is that the younger kids cope with change better than the older kids and so kids are really struggling with that*

*change between Year 8 and 9 being so dramatic so we're trying to smooth that change out a little. (Staff, 2004)*



## 9 What impact did the changes arising from MindMatters have?

### 9.1 Impacts on students

#### Supports for students

Staff indicated that at Year 7 level the MindMatters initiative enabled them to better support the incorporation of new students into established peer groups. They also identified that the students who appeared to benefit most from the program were students who had formerly indicated difficulty with social relationships with peers.

*I think it came at a really good time for me because my Year 7's were - some of them didn't know each others' names half-way through this year which is shocking and when I introduced that unit they had to find out each others' names so that really brought the class together and I think they're a lot closer now since doing that ...*

*That's part of the timing for us, launching into the MindMatters at the beginning of semester 2, I could actually see, particularly with the resilience activity, that they were getting to know you, building a class, learning to work in teams, things where you have images, and you have to find the missing pieces of a jigsaw, put them together, come together as a team and write about it and reflect on it and report. I can see those as being really good activities for kids coming in, probably more into a traditional high school in Grade 7 than here, where they've been here for a year already. Staff, 2002*

#### Bullying and harassment

Despite MindMatters' presence in the school and indications that materials had been incorporated into the curriculum at Coombes, there appeared to be a reported increase in bullying and harassment over the time of this study. Students and staff reported widely variant observations and assessments of the management of this issue at Coombes.

Staff indicated that their awareness about bullying and teasing was increasing as students used the opportunity in classes based on MindMatters to inform teachers about their experiences of harassment.

*I think a lot of issues, such as bullying or if kids have been subjected to it, did come through at the beginning of the unit of work when we did look at things that actually affect our self-esteem and our confidence, and what I found interesting was that you find out a lot about the kids through their writing and they might tell you through their writing, thinking because they're not actually face-to-face with you, and through their writing saying, 'Oh I know that when I get bullied', that is also when I come across a bit of bullying as well. That may have been coming up but I must admit that that was something that then I approached that particular child on a one-to-one basis rather than a class basis. Because if he's not prepared to come and say it to my face, then he's not going to be prepared to say it to a whole group of kids. So I think bullying came up at quite an indirect level throughout the year, especially at the beginning. Staff, 2003*

Staff reported working with particular students when they became aware of them having difficulties with bullying. These staff indicated that they supported students by teaching them

strategies such as laughing at themselves and using humour to take the power away from bullies. Such responses seem to be dependent upon a particular teacher's individual capacity to notice and respond rather than a school wide response.

Staff indicated that there appeared to be an increased knowledge about bullying and an expectation of no bullying in the classroom but that this had not generalised out to the playground where bullying was considered a persistent problem at Coombes.

*I think too, with some of the bullying that goes on in Year 8, kids are bullied and instead of probably dealing with it in the way that the MindMatters Kit suggests, the kids often retaliate and that's when we're finding out, yeah, it's a reaction rather than an action. And that's when we're find out probably after the event has occurred, so we've had quite a few fights and things like that. Staff, 2003*

Students indicated that teachers gave them the impression that they cared about them but would not intervene unless bullying or teasing became 'serious'. At a 'serious' point when teachers became aware of bullying, students indicated that staff would:

*...usually just make us resolve it, like they say 'Can't you talk it through and get over it.' Student, 2003*

Students also indicated that the incidence of physical bullying decreased in Year 9 and turned into what they described as 'bitchiness'. They indicated that verbal harassment and rumour spreading were very common. Their attitudes were indicative of a culture of suppression and masking of concern:

*Student: No-one's going to worry about it because they sort of get over it.*

*Student: Things that aren't huge things, it's no-one else's business...  
Students, 2003*

Students considered that the school did not have a strong policy on bullying despite regular 'speeches' about the policy at intervals throughout the year.

One staff member summed up the sense of frustration for students and staff that current procedures were not effective and not seen to be effective by the school community. The sense of powerlessness to alter the prevailing culture of low-level bullying was palpable in the comment:

*In all honesty I'm not sure what else we can do. Staff 2002*

### **Drugs and alcohol**

Students indicated at the 2003 visit that, in their experience and perception, the school continued to be relatively drug free, and in this it differed from other local schools. Students identified that students in their year claimed to have tried alcohol and drugs but that they were increasingly aware of the negative impact of drugs and alcohol and were discontinuing use or choosing never to use and being supported in that choice by peers. The sources that they considered to have informed these attitudes were: peer pressure to reject drugs, reports or shared experience of the negative impact of drug use on parents, siblings or other family members and friends and:

*. . .movie ads and stuff and TV...that's totally put me off...It's like 'I don't want to become that so I'm not going to go down that path'. Student, 2003*

## Help-seeking

Staff indicated concerted efforts to encourage students to seek help, particularly in relation to bullying. There was some variation from class to class as to whether students would seek help on mental health matters other than bullying. Some indicated that their students would be more likely to seek help from teachers they knew rather than a counsellor.

*You know that stigma. I don't want to go to the counsellor because everyone thinks I'm batty'. But one of the things I was doing was, 'where can you get help?' I was drumming it into them. And I said, 'do we have a counsellor at school?' Most people knew we had one. 'Where's their office?' A few less knew where the office was. I said, 'Does anyone know their name?' There were only a couple that threw their hands up. So I guess there's still a stigma attached. But they do know where it is. and in our health room we've got up on the wall who you can call, where you can go, just in case they don't want to go here. So I think the kids are aware. They all knew about the Kids Help Line, so I think they know there's somewhere they can go and get help. Staff, 2003*

Other staff indicated that they noticed student experience of peers attending counselling had been positive. Students claimed they were increasingly likely to seek help having observed their peers receive effective support.

Students supported teachers' perceptions that students sought out teachers more than a counsellor and that, apart from substitute teachers, most teachers were likely to find some way to help them or refer them on.

*We have...teachers who have been specially trained to (deal with) things like the sexual harassment,...and there's like (teacher) with all the mental health and stuff and the counsellor and that and mainly they'll go to them and ask their advice and stuff so there's always people that you can kind of ask. Like most people know you can go to (teacher) if you really need help or anything. Staff, 2003*

Some students, however, indicated frustration at what they considered inadequate management of bullying and harassment incidents. They described a culture of decline in help-seeking in Year 9 and 10 because they were fairly confident that the response would be inadequate and that the harassment would continue. Students also reported that they sensed they were better off to deal with issues themselves rather than to seek help and to not have the matters resolved satisfactorily.

One staff member indicated that she considered the delivery of MindMatters in 2002 was more extensive than in 2001, and that there was an increase in self-referrals to the counsellor with students using information gained in class to attempt some self-diagnosis prior to seeking counselling. The positive aspects of this were an increase in student language capacity to talk about mental health.

## Talking about mental health or illness

Staff and students indicated that young people talked more openly about mental health and mental illness following the introduction of MindMatters at Coombes.

Staff noted that the material on 'Loss and Grief' had enabled students to articulate ideas and feelings on issues including loss of friendships, loss of grandparents, and loss of family through divorce. They also noted that the opportunity provided in the course for students to meet people who had overcome mental illness was a powerful and liberating life experience:

*Recently we had the people from Mental Illnesses Education...come to speak to the kids so we did a little bit of pre-work on that: 'What is Mental Illness?' that sort of stuff and then we had these speakers come and they were fantastic, so that was a real experience that wouldn't have occurred had we not sort of started this whole episode. And these people came too to every class and they all suffer from a mental illness and they all told their own personal stories. And I just finished reading all my class's review on that and they got so much out of that. They thought it was so interesting. They thought these people were incredibly brave, and it really blew away some of their misconceptions so they respected people for coming and sharing and they thought that all people with mental illness were crazy and blah, blah, blah. They didn't really think that just regular people suffered. So it was really interesting and that led us on to watching 'A Beautiful Mind' and that actually brought up some stuff. There are a few people at school who are dealing with people with mental illnesses, and that really brought up some things so that's probably a good thing. Staff, 2002*

The school counsellor reported that there had been a change in the words used by students over the past year or two, which reflected an increasing awareness of mental health issues. Students might use words such as depression or anxiety. While these were labels that the counsellor might not have used, young people sometimes found them helpful.

*Some things I have noticed with some of the students that come and see me in the office with the words they're using that they think they're depressed, or they think they're anxious and that sort of labelling. And I had some students last week that were sort of saying that their behaviour's changed in class, they're getting in trouble all the time...and they're wondering now because all this is happening at home how much it's affecting them. Staff, 2002*

The counsellor also reported an increase in students approaching her because of concern for a friend, allowing her to talk about how they could offer appropriate support. The school counsellor felt that the increased mental health awareness within the school was positive, rather than leading to or reflecting a culture in which students became overly anxious about these issues.

*But I think the healthy part of it outweighs those students who have taken too much on board. Because there are a couple of students that have turned up and one's schizophrenic, and one fears that sort of thing and I suppose that can be an indication of anxiety anyway. They may be taking more on than they needed to but it gave me a better idea of where these people were. I don't think of it as being negative at this stage, just some of them are probably using labels I would have previously used. But they're finding it helpful. I can think of a particular student that once she got the labels - she didn't come from the school itself she came from outside - it gave her something to hang her hat on. 'I suppose that this is what it is, this is what I can do about it and this is how I've moved on'. So, for her, the label...helped her move through that, that 'I can do something about this now'. Staff, 2002*

Youth workers noted a greater awareness and acceptance of mental health issues within the school but did not think young people had become unnecessarily worried about themselves or others. Workers observed the mature attitudes of students who were using the centre's computers and pamphlets in researching assignments about mental health and illness. They were also aware of other incidents suggesting tolerance, including a student who disclosed

the effect of mental illness in her family during class and another student who quietly advised a teacher that a friend had stopped taking medication related to a mental health problem.

### **New strategies for dealing with stress and other problems**

Staff also noted that the MindMatters resources and comments from other students, might result in some students gaining a knowledge of potential strategies for dealing with commonly occurring stressors:

*One of the good things about the Kit though is that you're giving the kids strategies to deal with some of the problems, so if they don't tell you they're going through things - we did all these Dr Wright advice letters and they all wrote what they would do and shared their ideas on how to deal with the situation, so even if they're not really, if they're going through something, they've got some strategies to deal with it. Staff, 2002*

A staff member who described herself as a subject-based teacher indicated that the material in MindMatters allowed her to shift her style and become more student-focused and less content-focused in the classroom.

*I'm a (subject) teacher, my main area - so it's more content driven, so it doesn't really give you the opportunity to open up and give you a bit of...I find with health teaching it's really good in that. And the strategies that MindMatters uses, a lot of sharing and stuff, and I think it's a very valuable tool for growing up. It's very easy for kids to learn to share stuff. Staff, 2003*

In this context staff identified that MindMatters material encouraged students to speak about a range of issues not normally covered in their classes. They claimed that it enabled staff to recognise new dimensions in their students' experience of mental illness and related issues of which they had formerly been unaware.

### **Students supporting each other**

Staff indicated an increase in students supporting peers who they thought might have some mental health issues:

*Probably the last six months maybe this year, I've had a lot more....friends come in and say I've noticed this about my friend, what should I do, which (I) suppose I'm finding really it helps for them to actually ask me questions. I mean generally, I can't force that person to come and talk to me but 'you've noticed it, it's really good. How do you think you can support your friend?' etc...So, it's that general awareness that I think is more than what my first year was. Staff, 2002*

## **9.2 Negative impacts on students**

One incident was reported in which a student who had a sibling suffering from a mental illness was upset by viewing the movie 'A Beautiful Mind' which deals with schizophrenia. The impact of the teacher checking with the student prior to showing the movie appeared to have triggered a response where the student became upset. The student sought counselling from the school counsellor and community counsellors.

### 9.3 Positive impacts on staff

#### Increased knowledge and skill

Staff indicated that their awareness and knowledge base increased as they engaged with the MindMatters resources. There were also reports from staff that teaching the course had broadened their own knowledge, decreased long held misunderstandings about mental illness and in certain cases assisted them to deal with challenges in their own life experiences – particularly situations of loss and grief.

Indeed, the Kit received such acceptance by staff as a source of information on mental health that one staff member reported that when a member of staff announced at a morning tea:

*'Oh I'm having a problem with such and such'. Someone else just yelled out 'Go to MindMatters stuff, have a look at it.' Staff, 2003*

Staff saw the MindMatters Kit as a significant source of language that liberated and changed the types of conversations between staff and students and parents.

*And even just the ability to talk. You know we had one young mother ringing us up and saying that she thought her daughter was depressed and what could she do and we'd sort of refer her to a couple of services and then she thought she wanted to try some alternate stuff and so we got her information on St John's Wart and said 'You need to check with that with your doctor and counsellor' and all that stuff because she wasn't ready to go. Staff, 2002*

#### Identifying and responding to students' problems

A number of staff identified that MindMatters had raised their own awareness of mental health issues and increased their observation of and response to student behaviours.

This is a recount of an incident of this type:

*I had one student in my class - normally she was a bright student, I mean she'd be doing things and she'd be on task. And at the beginning of last term, I noticed there was something wrong. I said 'What's wrong, do you want to share something?' and then she said, 'No', 'Are you sure?' And I thought it went a bit further there and it was one of the good students, and I couldn't leave her for a while and I came back to her, and I said, 'Are you sure you don't want to tell me something?' and then she was in tears. And she said 'My parents are having problems and I think my dad is going to move out'. And all sorts of things. And just straightaway she went through all these things 'what's going to happen?' ...I said 'I think you need to talk to someone and talk to your parents, or talk to ...' I referred her to our counsellor, but she didn't take that up. Staff, 2002*

Some staff indicated that the MindMatters material enabled them to change their teaching style from a subject/content focus to a more student-orientated methodology. They appear to have found this opportunity liberating.

*I think it's good for us to, once we go through those booklets we realise that our kids are going through so many things when we start noticing things in class. Kids, when you start working in these activities, they come up with things and you'd think well that's something we need to look at. For me, I've been looking at little things and I think oh I think I should do something on harassment. I think I*

*should do something on bullying. This is in class, so otherwise I wouldn't have noticed. Some of those things that are (very new) to us. Staff, 2002*

### **Positive teaching experience**

Staff indicated that engaging in the teaching of MindMatters material was a positive experience for them as they saw the high level of engagement of their students, particularly (in the case below) with the material on mental illness:

*... the students in my class absolutely ate the mental illness work up with a spoon. They really enjoyed researching it and did many book presentations on it and we said that we wanted that work to extend into the wider community so they've really thought about how they can do their presentations so that it would be meaningful to little kids and to adults as well. And try to do some stuff on there that would give people helpful information if they wanted to know more about each of these particular areas. It was a bit of a struggle to start with but we identified pretty much why it was and it works pretty well after that. Staff, 2002*

### **Impact on personal decision-making**

One staff member noted that upon sharing how the day of teaching had impacted on his mental health in a negative way he invited students to respond to that revelation:

*... one of the kids wrote something and I'd read it and I knew the minute I read it I was leaving (the school) because of what he'd written. I put it down and I thought to myself, 'you are so right, you're absolutely right and I'm going to do something about it'. Because he was saying, you know, 'if you're not happy in your job, just talking generally, you really should think about doing something else' and at the end he wrote, 'One thing I know for sure when I grow up I'm going to do a job that makes me happy'. And I thought 'I'm not doing something that makes me feel happy at the moment'. So that day I went home and said 'I'm leaving.' Staff 2002*

Counsellors indicated that the language of mental health was becoming more commonplace in peoples descriptions of observed behaviours in themselves or others in the community.

### **Acceptance of a change in the role of teacher**

Staff indicated that the MindMatters Kit, the experience of implementing it, and professional development in the area of mental health, had placed an increasing priority on the need to take more notice of student behaviour and to respond to that behaviour:

*Well just awareness of warning signs and things where kids are putting out cries for help that they particularly mean to be - like I'm always talking to the counsellor and saying I'm noticing changes in such and such's behaviour. It wouldn't be a bad idea if you tried to touch base with certain students. You can pick up on things, by doing the training, rather than just saying, 'Oh their behaviour's disgusting' or whatever. It helps you see beyond that. There's often, particularly if there's sudden changes in behaviours, not necessarily mucking up or anything,*

*kids being excluded and that sort of thing, helps you be more aware of that sort of thing and they're often the warning signs that if picked up early... Staff, 2003*

## **9.4 Impacts on whole of school**

### **Creating a common language for wellbeing**

The issue of mental health and wellbeing did not have a prominent focus at Coombes High School prior to the adoption of MindMatters. Afterwards staff indicated that the program had given them more of a common language about these issues and there was a consequent increase in conversations (particularly about mental health problems) between staff, and between staff and parents. The most significant change the language generated was identified as a new type of openness.

### **Overcoming staff resistance**

One staff member indicated that staff had been introduced to a mental health check resource at a in-school staff development session, and had engaged with this self-assessment tool. This was seen as helping to overcome staff resistance. However, from the interviews it appears that the doubts about MindMatters and resistance to adapting programs to incorporate MindMatters programs were quickly overcome when students engaged with the concepts and indicated a high level of approval of the resources and the concepts that they generated. Staff were motivated by the benefits for students and fellow staff members they perceived from using MindMatters curriculum resources.

### **Creating stronger links with parents**

The increased openness about mental health issues that staff indicated was occurring among the staff and students at Coombes appeared to extend into the parent community:

*People are just so open with us about you know, 'Oh yeah I'm taking medication' and whether that's obviously right for her at the time sort of thing which is great but that they feel that they can freely talk about it and say, 'Yeah, I'm on medication' or 'Yeah this is working, I'm seeing a counsellor', ...I think even as a community we're a lot more accepting and there's no judgement. (A parent at a shopping centre approached a teacher about her own mental health). She obviously felt safe to say 'Oh this medication's working and it's great' and we go 'Oh excellent. That's great'. You know, if you need some other support let us know.' Staff, 2002.*

### **Plans for future use**

Staff indicated a commitment to continuing to use MindMatters with Years 7 to 10. They indicated that they had achieved earlier plans to write MindMatters more firmly into the developing health curriculum and had integrated it further with other health promoting schools initiatives. Staff expressed, during the 2002 visit, that they intended to generate a formal scope and sequence of topics and resources throughout K to 10. It is uncertain how extensively this was undertaken or how it was used at Coombes. There appeared to be continuing commitment to ensure the ongoing delivery of a broad ranging MindMatters based flavour at all levels.

In 2002 staff expressed awareness of the need to audit the school's relevant policies, including their Critical Incident Plan. It is not known if the proposed use of some of the audits in the MindMatters Kit was undertaken.

Despite delayed and limited professional development, staff and students applauded the changes to curriculum arising out of the adoption of MindMatters to meet educational goals at Coombes. It appeared at last visit that the MindMatters Kit and resources will continue to inform programming and teaching at Coombes and do so with a high level of teacher and student acceptance and engagement.

Staff indicated that the use of the program would be subject to it continuing to be identified as a valuable learning experience and inserted by staff as they did their programming. The potential for the positive corporate knowledge and experience of MindMatters at Coombes 2001-2003 to be lost was identified. The critical issues of staff turnover and the need for professional development and induction were identified but there did not appear to be any firm plan of action to respond to these identified challenges.

*I think if the Kit's around and people know about it, they'd probably go and use it and if you've had teachers who'd done it, they'd remember to use it. I guess if it's not enforced; if you've got to stop the MindMatters in two years and then teachers move and if you don't have anyone who's familiar with it, you could have a problem there. Staff, 2003*



## 10 Further views on impacts on students at fourth visit

Comments reflecting the impact of MindMatters on students at the fourth visit reflected the same range of issues as emerged at the previous visit.

### 10.1 Impacts on students

#### Bullying and harassment

All informants indicated that the issue of bullying was given quite prominent attention by the school. It remained unclear, however, whether or not the school had a formal bullying policy. Some teachers mentioned a policy but a teacher acting in an executive position stated that he had never seen it. It is possible that the policy existed as a common understanding rather than as a formal document.

*Yeah it happens, the teachers talk about it and the next time they just keep talking about it, they don't....*

*At assembly they say we won't tolerate it.*

*At every assembly something is said about bullying. Students, 2004*

Home room teachers in Years 7 and 8 address bullying in class using the MindMatters resources and this leads to a high level of reporting.

*We're quite lucky in the home room system, that we do feel comfortable mostly with our home room teachers about reporting things, but we're hoping that we get a fairly high incidence of reporting. Then that might be initially, if it's minor, it might be initially dealt with by the home room teacher but then if there's a problem then the executive teacher, or quite often the Deputy in charge of that school will speak to the kids, work with the kids, get them together and they're very strongly encouraged to report it if it continues. Then if it continues it's certainly taken further. Executive staff, 2004*

Students agree that there is little bullying on a day-to-day basis but there is the occasional fight in the playground or after school involving students from other schools. Other students acknowledge that bright students can be targets for teasing.

*Sometimes people, they're kind of smart and they kind of separate themselves from everyone and think they're like really smart and they don't have to do the work. And then people just start teasing them and stuff and sometimes they bring it on themselves, they're like I've got no friends and then people agree with them because they're kind of separated from the whole school community, there's just a few people like that and everyone else is just teasing them. I'm not a separated person so sometimes you do that too. Student, 2004*

One teacher observed that the impact of the focus on bullying in Years 7 and 8 resulted in a diminishment of the bullying in higher grades.

*Like for example, bullying and harassment in Years 9 and 10 seems to be less than in previous years. I'm just thinking of kids who are a little bit different really copped it from other kids last year but the kids are a lot more tolerant this year. There seems to be much less harassment in the senior years and I've noticed*

*bullying, the reason is not the kids out of control or anything like, but it's certainly more prevalent in 6 and 7 than it is in any other year. Staff, 2004*

Certainly teachers held the belief that raising awareness of bullying in the middle school will have sustainable impact later on in students' lives.

*And just mental health in general, like looking after your mental health, I mean the resilience and all that I think it's so important, I mean you look at people and kids are so in touch now that they know that bullying can cause depression. They're making that connection and I think that's really powerful and particularly because I mean these kids could be bullies now, they could be workplace bullies later on and if they're starting to realise the detrimental effects of bullying I think it's got to be a good thing. Staff, 2004*

### **Awareness of mental health and mental illness**

As discussed above the prominence given to the 'Understanding Mental Illness' resources in Years 9 and 10 is a particular feature of the use of MindMatters at Coombes High School. Not surprisingly, teachers frequently mentioned the perceived benefits of doing so, in terms of improved awareness of the issues of mental health and mental illness.

*They're aware of it among their peer group and also they're aware of mental illness among the peer group and things like that and they're aware of mental health issues. But it may not just be what they've done in MindMatters, it could be other things they've done, other experiences they've had with teachers and it could be the changing attitudes, I mean we're getting education - education on television is much better than what it was so I don't think it's just what they've done at school, I think it's a really worthwhile change that's happening in society, I mean there is increased awareness. Teacher, 2004*

Teachers reported that students were very comfortable talking about mental health and mental illness.

*Oh yeah. I mean it's a good unit for discussion and things like that. So with the ice-breakers, I mean in the first semester the kids who normally appear to be more kind of macho and like have got no problems at home kind of thing, talking about their sister who has a mental illness, like Bipolar or autism and things like that and the discussions that came out of it were quite good. Staff, 2004*

*The kids are reluctant early to talk but once you get onto matters of depression - depression more than anything I suppose - because generally there are one or two people that know someone or have someone and it makes sense to them and they put it in place and then you go down the lines of...if you see this happening, the best idea is to do this and so, being your friend, you know them better, if you see this happening, then maybe they might need you a little bit more than you need them and the strategy's there that certainly depression, and sometimes it changes, I mean with so many different kids you see, someone in their family has someone with Schizophrenia and that happens, regularly, not often. And they may not know a great deal about it and it helps that way. And the law and all those sorts of things, they're fairly interested in that sort of stuff. Staff, 2004*

Teachers also reported that students were able to cope quite comfortably with his raising the issue of loss and grief within a health lesson.

*I find the kids are generally, by the time we do it, we usually do it fairly late in the Health unit for a reason, because the more kids are used to each other the more open they get. The other day I sort of just touched on it and they were quite open about it. We didn't sort of get into a lot of detail about it because it's something that their teacher will cover but we talked about other forms of loss and grief, like loss of a friend, loss of innocence, all that thing, and they really connected with that. Staff, 2004*

### **Changed attitudes towards the mentally ill**

A number of teachers mentioned that the open discussion about mental illness had resulted in students developing more positive attitudes towards and reactions to people with a mental illness.

*The other stuff is that the kids feel more accepting of people who are a bit depressed and they've got depression and also when you bring that up, they sort of go 'oh I was like that a couple of months ago', and 'alright, okay, that's maybe what it was'. And I suppose they're sort of feeling comfortable in that and they're not alone, this affects a whole heap of people, one in three, or one in four or something like that. Staff, 2004*

*At the start they're not that keen on it. 'Oh man, not this again'. And you say 'you've already done this? So great, okay, talk to me about Schizophrenia'. Yeah they're reluctant, but when they get into it, it's a lot of discussion, a lot of opinions and then after they give their opinion you give them the facts, and you say 'Well...has that changed anything? Well yeah it has. And especially the one in five. It brings it home a little. And as soon as someone pipes up and says 'well my cousin, my brother, my sister, me'.... Well see it's a lot closer than you thought. Staff, 2004*

## **10.2 Impacts on staff at fourth visit**

MindMatters was seen as being very useful in supporting the language the school uses to explain the philosophy of middle school to new teachers:

*Well we actively use that language in talking with teachers, so when we bring....you talked about the changeover in staff - when we had those initial days for staff, we use that exact kind of language to explain why we work in home room classes, whether it's in the middle school or in the senior school and that ethos behind that kind of structure that we have.*

*So the two things fit together, that's the language that we use and you'll hear teachers using that language too and you'll hear them using it to parents and to students and they'll use those words of wellbeing and fostering and development. I don't perhaps remember teachers using that sort of language in conventional high*

*schools that I've come from. They'll often talk about caring for people but not perhaps that quality of language. Executive staff, 2004*

It is acknowledged however that MindMatters is not a causal agent in its own right at Coombes High. Rather it has a supporting role in helping the school to create the supportive climate that it has already set out to achieve, mainly through the reinforcing of the language concepts of middle school and through the provision of practical curriculum ideas to support those concepts.

*I'd say it's more supported rather (than) contributed to it. I would think that we were actually talking that talk, back then from the start, and as I said credit to (name) and (name), because they led the school in that direction and that MindMatters has been a natural support in that people have just accepted it as how we worked. It's the same language and the same philosophy is approached. I mean you read the word resilience a lot and it's mentioned that it doesn't usually have practices connected with it, necessarily, to really support that practice of resilience.*

*And so that's where MindMatters might make it more practical?*

*I think it helps, it helps the coalface for teachers and actually perhaps given that....without having to recreate the wheel and it gives that very practical support for them. So it's supportive of, as I said, language and mindsets we already have, and that's where it's really valuable. You don't always have a lot of time to go and recreate things and we again try to work smarter not harder, so it's very useful having a resource that gives us that same framework that we do. Executive staff, 2004*

## 11 Indicators of change from student questionnaires

Two questionnaires (Healthy Kids Survey and Help-Seeking Questionnaire) have been used to assess key outcomes from the school's use of the MindMatters resources. From these questionnaires, a number of variables have been selected to indicate changes in: protective and resilience factors, help-seeking intentions; and drug and alcohol use.

To examine whether any of these indicators have changed since MindMatters was implemented at Coombes, the scores for each sex in each year in 2005 are compared to the scores of students of the same sex and year in 2002.

### Note

Differences between age and sex groupings in 2002 and 2005 were examined for statistical significance. For Tables 1 and 3, the *t*-test for independent samples was used while for Table 2, Chi-square was used.

Positive or negative changes in variables are described as 'little' if they are between one quarter and one half of the standard deviations of the national mean, and as 'moderate' if they are between half and three quarters of the standard deviation. Changes greater than three quarters of the standard deviation are described as simply 'higher' or 'lower'.

Please note that it is not possible to attribute with certainty any positive or negative changes in these indicators simply to the school's use of MindMatters. It is likely that other important factors might also impact on these variables.

### Changes in protective and resilience factors

The Healthy Kids Survey has two main scales each of which has six sub-scales. Not all of these are considered to be target variables for the MindMatters program. Four key variables have been selected for the purpose of this report, as likely indicators of changes that might be attributed to MindMatters. These are:

- the 'School attachment' sub-scale;
- the 'Autonomy experience' sub-scale;
- the 'Self-esteem' sub-scale ;
- the 'Effective help-seeking' sub-scale

Table 1 indicates that the 'school connection' scores were slightly lower for male students in Year 8 in 2005 compared to their counterparts in 2002. This difference was statistically significant ( $p < .05$ ).

Female students in Year 7 in 2005 showed moderately higher scores for 'autonomy experience' compared to those in the same year in 2002 ( $p < .05$ ) however this result should be treated with caution as only a small number of students completed the survey in 2005.

There were no other statistically significant differences in the scores for students in 2005 compared to students of the same sex and grade in 2002.

Other differences which were not found to be statistically significant were:

- moderately higher 'school connection' scores for males in Year 7 in 2005 (but low numbers make this result unreliable)
- slightly lower 'school connection' scores for females in Year 8 and Year 9 in 2005
- slightly lower 'autonomy experience' scores for males in Year 7 (although low numbers make this result unreliable) and females in Year 10 in 2005

- slightly higher 'self-esteem' scores for males in Year 7 (although low numbers make this result unreliable) and males in Year 9 in 2005
- moderately lower 'self-esteem' scores for males in Year 10 in 2005
- slightly lower 'self-esteem' scores for males in Year 8 and females in Year 10
- moderately higher 'effective help-seeking' scores for males in Year 7 in 2005 (although low numbers make this result unreliable)
- slightly lower 'effective help-seeking' scores for females in Year 9 in 2004

**Table 1: Resilience and Protective factors in 2005 compared to the control group.**

		School connection	Autonomy experience	Self esteem	Effective help-seeking
<b>Year 7 (2005)</b>	Males	Moderately higher *	Slightly lower *	Slightly higher *	Moderately higher *
	Females	No difference	<b>Moderately higher *</b>	No difference	No difference
<b>Year 8 (2005)</b>	Males	<b>Slightly lower</b>	No difference	Slightly lower	No difference
	Females	Slightly lower	No difference	No difference	No difference
<b>Year 9 (2005)</b>	Males	No difference	No difference	Slightly higher	No difference
	Females	Slightly lower	No difference	No difference	Slightly lower
<b>Year 10 (2005)</b>	Males	No difference	No difference	Moderately lower	No difference
	Females	No difference	Slightly lower	Slightly lower	No difference

Note the numbers of students completing the questionnaire in 2005 is very small, and results should be treated with great caution.

### ***Changes in help-seeking intentions***

In the Help-Seeking Questionnaire, students are given a scenario depicted in a cartoon format and are asked to indicate what type of help-seeking responses they might use if they were in the situation. For the purpose of this report, two variables have been examined for change. These are:

#### *'Willingness to Talk to Someone at School'*

Students were given a list of individuals (friend, mother teacher etc) or organisation (eg Kids Help Line) and asked to indicate whether or not, if they were confronted with the problem depicted, they would talk to anyone on the list. They could select as many as they wanted. This variable identifies the students who had indicated that they would talk to a teacher or some other adult at the school.

#### *'Positive Attitude to School Counsellor'*

Students were asked to indicate whether they considered that a school counsellor, student welfare teacher or pastoral care teacher (abbreviated to student welfare) could help with the problem depicted in the questionnaire. Those who indicated that a counsellor would 'help quite a lot' or 'would definitely be helpful' were classified as having a 'positive attitude to the school counsellor'.

Table 2 shows the differences for males and females in each year in 2005 compared to students of the same gender and year in 2002.

One comparison was found to be statistically significant, namely: a moderately lower proportion of males in Year 8 indicated that they would talk to a teacher or some other adult at school, compared to students in the same year in 2002 ( $p < .01$ ).

Other changes that were not statistically significant were:

- female students in Year 7 were moderately more likely to indicate that they would talk to a teacher or some other adult at school, compared to students in the same year in 2002 (although low numbers make this result unreliable),
- female students in Year 10 were slightly less likely to indicate that they would talk to a teacher or some other adult at school compared to students in 2002.
- female students in Year 10 were a little more likely to indicate that they thought a school counsellor would be helpful.

**Table 2: Help-seeking indicators in students in 2005 compared to the control group.**

		% who indicate they would talk to someone at school	% who indicate that student welfare would be helpful
<b>Year 7 (2005)</b>	Males	No difference	No difference
	Females	Moderately higher *	No difference
<b>Year 8 (2005)</b>	Males	<b>Moderately lower</b>	No difference
	Females	No difference	No difference
<b>Year 9 (2005)</b>	Males	No difference	No difference
	Females	No difference	No difference
<b>Year 10 (2005)</b>	Males	No difference	No difference
	Females	Slightly lower	Slightly higher

***Changes in drug and alcohol use and intentions***

In the Healthy Kids Survey, students were also asked to indicate the number of days of drinking, smoking and use of marijuana they had experienced in the previous three months. Three variables are reported as potential outcomes of the MindMatters program:

‘mean number of days of drinking in last three months’

‘mean number of days of smoking in the last three months’

‘mean number of days of using marijuana in the last three months’

Table 3 shows the mean number of days of use of alcohol, tobacco and marijuana for students in 2005 compared to students of the same sex and year in 2002.

Two of the comparisons were found to be statistically significant namely:

- The mean number of days of using alcohol was lower for males in year 7 in 2005 compared to the students in the same year in 2002 ( $p < .01$ ) (although low numbers make this result unreliable)

- The mean number of days of using marijuana was moderately lower for male students in Year 10 in 2005 compared to students in the same year in 2002 ( $p < .05$ ).

Other changes which were noted but which were not statistically significant were:

- The mean number of days of drinking was slightly lower for males and females in Year 10 in 2005 compared to their counterparts in 2001;
- The mean number of days of smoking tobacco and using marijuana was a little lower for females in Year 10 in 2005 compared to their counterparts in 2002;

**Table 3: Drug and alcohol indicators, 2005 compared to 2002**

		Mean days of alcohol use	Mean days of tobacco use	Mean days of marijuana use
<b>Year 7 (2005)</b>	Males	<b>Lower *</b>	No difference	No difference
	Females	No difference	No difference	No difference
<b>Year 8 (2005)</b>	Males	No difference	No difference	No difference
	Females	No difference	No difference	No difference
<b>Year 9 (2005)</b>	Males	No difference	No difference	No difference
	Females	No difference	No difference	No difference
<b>Year 10 (2005)</b>	Males	Slightly lower	No difference	<b>Moderately lower</b>
	Females	Slightly lower	Slightly lower	Slightly lower

**Comment**

This school was unable to maintain the level of student participation in the student surveys in 2005 that they achieved at baseline in 2002. Consequently the comparisons made between the two groups of students should be treated with some caution (particularly for Year 7).

A number of these results for Year 8 reflect a more negative position in 2005 compared to 2002. They are consistent with comments from the students and teachers in 2005 and underline the school's intention to review their middle schooling model with a view to allowing more independence for students in Year 8 and to facilitate the transition into the high school. It is also important to note the significant challenges faced by the school in 2005 compared to 2002 including a high growth rate of each year, loss of teachers due to the state's teacher rotation policy and the retirement of the fondly regarded foundation principal (who had known many of the students since their primary school days) in 2004.

Pleasingly, the drug and alcohol indicators for Year 10 indicate a trend towards improvement, although the low number of Year 10 students who completed the survey in 2002 makes this finding one that should be treated with caution as well.

## 12 Teachers' experience of teaching MindMatters

When the evaluation was extended from two years to three, the evaluator was asked to attempt to engage teachers in a discussion about their classroom experiences of teaching any of the MindMatters lessons. This was done opportunistically by asking all interviewees whether they had taught any of the MindMatters lessons in recent weeks. If they had they were asked to briefly describe what they had taught and their opinion of the process and outcome of the lesson in question.

The following account is from a senior health teacher who took one of these lessons in order to relieve one of the Year 9/10 health teachers. It illustrates one teacher's perceptions of the legitimacy of the topic within a health curriculum as well as his own reactions and perceptions of the reaction of students to this unit of work.

*They (the class) were heading towards the end of the unit, so they'd already been through all the mental illnesses. They'd been through psychotic and non-psychotic mental illnesses and they were showing the video and they were at the last part of the video about how you get help if they saw that friends were really struggling with their mental health; how would they best access help for their friends; so we talked about that. We also talked about some doctors that were really quite switched onto mental health issues more than others and how you would access those doctors and the kids were quite aware of how they would do that; like they were all informed about the Beyond Blue website and how there were doctors names in there how they specialised in mental illness and stuff like that; and so I was really quite pleased at how knowledgeable the kids were.*

*I think it went really well. Basically my brief was oh this will probably only take 20 minutes because we're just finish off something, but we spent the whole 50 minute lesson on it because the kids opened up and talked about it. It was good because the kids know me fairly well anyway so it wasn't like having a relief teacher; it was like having a normal teacher.*

*And it wasn't a written lesson or anything. I mean a lot of the health class there's a lot of discussion, a lot of it's based on their contribution to discussion.*

*What sort of class?*

*About 20.*

*So how do you think it went from their point of view? How did they engage with it?*

*Oh they engaged pretty well. On occasions they were a bit talkative, but they were actually talking about things to do with the topic.*

*How would you gauge their level of interest in having a topic on mental illness?*

*These days the interest is increasing because they're actually noticing now. I think every kid could name somebody in their year that had depression or something like that. Just about every peer group is affected by depression, through their friends or relatives. I've noticed, particularly being in this job, you become very aware which kids are struggling. I mean particularly we try and nurse them through Year 10. There's a few kids that I've had to put on modified*

*programs because they're really struggling with depression and they're really struggling to come to school.*

*So therefore there's a level of interest and a need for knowledge?*

*Kids are starting to really believe in the 1 in 5 now, whereas you tell people 1 in 5 just a couple of years ago and 'oh yeah!' But now that people are a lot more open about talking about mental illness and I think MindMatters has contributed to that; and plus the government push. People now are noticing and also like when I was younger, like you hear such and such is having a nervous breakdown. You don't even think about it or anything, it's a nervous breakdown. I didn't even know what it meant and now people are understanding what's actually happening and it's good that students are now included in that now and the stigma has been broken down and the stigma is more with older generations anyway; so if we can open the eyes of the kids...*

*What about your own sense of competence at teaching the unit on mental illness, given that your background wouldn't have included a lot of it. Even at uni you probably wouldn't have got anything on mental illness.*

*Well I didn't do anything at uni on it because I actually did a science degree, a little bit of PE. The main reason I got into Health is because of my sports coaching background. I did the MindMatters course, which did help and also I'm very lucky because my partner has Bipolar and I cared for her for two years when she was quite bad so I learnt a lot and I feel very qualified to teach it now through what I've been through with my partner.*

Another of the health teachers, who had taught the 'Understanding Mental Illness' module in the weeks preceding the fourth evaluation visit, reflected on the legitimacy of this topic being a part of the health course, and his own preparedness for teaching this type of material.

*I guess it wasn't hard, like I had to do my own research and background reading and stuff like that and even the questions that came up in the classroom I had to take those questions back with me and then come back next lesson with some answers for them.*

*How did you feel about having to do that?*

*That was fine. I had no problems with saying 'I don't know'. It wasn't like the class really did have to have it all there and to even have the answers as well.*

*Do you think that having a unit on mental health, mental illness is a legitimate part of the full curriculum?*

*Yes I do, like even the kids here, quite a lot of them have issues and dealing with depression or family break-ups. I'm amazed at how many kids don't live at home with their mum and dad, they share and have to deal with things like that. Even just to correct them like, 'don't say retarded' and things like that; that's how they refer to people with a mental illness. They just put them into that retarded*

*category. I think they get a bit out of it definitely and they probably don't realise. I mean I didn't realise that 1 in 5 people have a mental illness.*

Yet another teacher reflected on the usefulness of the resources for him in preparing for the lessons.

*Well basically, I found it was a good resource for teachers because this has sort of been - I don't want to use the words - thrust upon us. But I suppose it's been placed upon us as another area that we're supposed to teach so therefore, not knowing a lot about mental health, it's something that we need help with for a start, and so the Kit was a good starting place for that to do our own research and our own background reading and so forth.*

This same teacher describes the student's reactions to these lessons and how he handled them.

*My kids, at the start of the unit it's always.... Unless it's sex ed of course, they're all 'Oh not this again sort of stuff'. A lot of them had it (the topic of mental illness) last year as well, especially the kids in Year 10. Some of them (had it) in Year 8 and so they were up with it. And of course it's how you present it, how you sell it sort of thing. But we brought in some new stuff, some more relevant stuff that's been in the news recently, we sort of found through our own research and some websites that we've come up with or whatever so we've picked it and run with it a little bit and that kept them interested and therefore held their attention and it did spark some good debate, especially since they'd done it and they had a bit of background information, some people in the class, and of course they all had their own opinions and ideas of mental health and so forth.*

*It is a touchy subject in that if someone's family member has been touched by mental health it's probably something that I would discourage bringing up in class. But if they feel that they need to unburden themselves in that, well, way they go and you try and make it as safe and supportive as you possibly can but it is something that doesn't really generate a lot of conversation.*

At the same visit the evaluator was able to ask students about their experience and reactions to the topic of mental illness. Their comments reveal that students are interested and accept the need for the school to address these issues.

*Yeah it's good to have that because then you know what it's like.*

*How did it go down, how did you feel about the topic of mental illness in your Health curriculum?*

*It was something different. It wasn't like the usual illnesses that you have.*

*I think a lot of people didn't really want to do it but once they got started it tended to be alright.*

*To me, it's another topic that's fairly important so I find it to be very different, because I've done it a couple of terms before and ..... some of the people that you need to learn about but I just found it different. I think it's a good topic to learn.*

One of the teachers talked about how he tries to overcome any awkwardness that students might have in talking about mental illness.

*Well I think, when you get in there and you start talking about, and you say at the start, you know, there's a lot of discussion and everyone's got opinions and they might not agree and that's great, but no-one has a go at someone and you're not going to change someone's opinion by yelling and screaming so you listen to everyone's opinion. And we talk, sort of set the ground rules and then we get to..... I always do mental health mid-way through, so they're not new to each other so they sort of get to know each other and you touch on things, maybe alcohol, that they're all sort of used to. And then they'll tell each other stories and they're comfortable and then when you get to the mental health and sexuality, when it's a bit touchier, they're used to... they know they're not going to get jumped up and down on; and I'm not going to judge. And I think it's quite good for those who have had it to come out and say I have and it's often someone goes 'Oh, you've done well then, you wouldn't know'. And then that leads you to go, well you don't know.*

The final comment in this section reveals the teacher's preparedness to be very flexible with the way in which the students engage with the topic of mental health and mental illness, allowing the discussion to flow with the topics and issues raised by the students.

*I sort of stress a lot the 1 in 5, you know, we've got 25 people in here, of the statistics, how many of us at some stage in their life will... and it sort of strikes home and .... And quite often someone will volunteer well I've seen a psychologist and I had a bit of depression and it's not fun and a lot of discussion. That's the thing about Health, especially mental health, there's a lot of discussion. It's quite often a unit set up in a classroom would work but the kids or someone will have an experience that takes you down another path and oh we'll leave that aside for a bit and we'll go this way. We'll go back there later. But some of it's driven by the kids and what they want to see...*

Overall the evaluator was left with a strong impression that addressing the issue of mental illness was regarded as a legitimate and important part of the health curriculum by both the teachers and students at Coombes High, and that teachers who are trained in health and or physical education feel comfortable teaching this topic.

### 13 Key learnings from this school

*An existing school commitment to pastoral care and student wellbeing facilitates the uptake and implementation of MindMatters.*

*Previous awareness and use of the Health Promoting Schools Model within a school creates a positive orientation toward the MindMatters underlying principles.*

*An existing school culture of innovation and adaptability supports the uptake of programs like MindMatters, although some staff may experience difficulties with change fatigue in such an environment.*

*Characteristics of the MindMatters resources themselves encourage uptake and use of the materials in the curriculum, such as the fact that the materials are easy to use, that activities are suggested and that they can fit well into an integrated curriculum approach.*

*Staff turnover can jeopardise the successful implementation of MindMatters in a school, particularly if those who leave have attended training. Incorporation of MindMatters principles into a formal induction program for new staff may offset these risks.*

*The number and selection of staff who attend the formal MindMatters training may be important in successful implementation of the program. It may be advisable to have several staff attend training, including executive members and those who will deliver the curriculum.*

*The training needs of those who have started using the material are different from those who are completely new to the resource and program.*

*A formal whole-school in-service about MindMatters may encourage a widespread understanding of and commitment to the principles, and may be more effective*

*than less formal communication from a staff member who attended the training.*

*Team-based curriculum planning in which teachers have a high degree of autonomy may enhance the uptake of the MindMatters curriculum elements throughout the school; however there may be a risk of either uneven exposure among students or duplication of use of the materials across years.*

*A structured approach to planning and implementation, with a core group of accountable people, may be more effective than relying on the commitment of an individual to drive implementation; this also offsets the risks posed by staff turnover.*